EXHIBIT B29

	Page 1
UNITED STATES DIST	TRICT COURT
DISTRICT OF NEW	JERSEY
x	
IN RE JOHNSON & JOHNSON) MDL No.
TALCUM POWDER PRODUCTS) 16-2738 (FLW)(LHG)
MARKETING SALES PRACTICES,)
AND PRODUCTS LIABILITY)
LITIGATION)
)
THIS DOCUMENT RELATES TO)
ALL CASES)
x	
VIDEOTAPED DEPOSI	TION OF
JACK SIEMIATYCKI	, Ph.D.
MONTREAL, CANA	ADA
THURSDAY, JANUARY	31, 2019
9:49 A.M.	
Reported by: Leslie A. Todd	

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1	Deposition of JACK SIEMIATYCKI, Ph.D., held at	APPEARANCES (Continued):
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1 2	EXHIBITS (Continued)		1	PROCEEDINGS
3	(Attached to transcript) SIEMIATYCKI DEPOSITION EXHIBITS	PAGE	2 3	THE VIDEOGRAPHER: Good morning. We're
4	No. 7 JS EpiTech Inc. bill for	FAGE	4	now on the record. My name is Fabio DeFelice.
5	Professional Services, August 9 -		5	I'm the videographer for Golkow Litigation
6	November 16, 2018 46		6	Services. Today's date is January 31st of 2019.
7	No. 8 JS EpiTech Inc. bill for		7	The time is 9:49 a.m.
8	Professional Services, July 1 -		8	This video deposition is being held at
9	August 2, 2018 48		9	the CHUM Research Center in Montreal, Canada, in
10	No. 9 Report of Jack Siemiatycki dated		10	the matter In Re: Johnson & Johnson Talcum Powder
11	October 4th, 2016 (not attached) 58		11	Products in the United States District Court for
12	No. 10 Expert Report of Jack Siemiatycki		12	the Eastern District of New Jersey. The case
13	Msc, PhDn Talcum Powder Use and		13	number is 16-2738.
14	Ovarian Cancer (not attached) 61		14	The deponent is Jack Siemiatycki, Ph.D.
15	No. 11 Expert Report of Jack Siemiatycki		15	The counsel will be noted on the
16	MSc, PhD on Talcum Powder Use and		16	stenographic record. The court reporter is Leslie
17	Ovarian Cancer (with handwritten		17	Todd, and will now swear in the witness.
18	notations) 110		18	JACK SIEMIATYCKI, Ph.D.,
19	No. 12 Berge 2012 report (not attached) 194	l.	19	and having been first duly sworn,
20	No. 13 Schildkraut report (not attached) 214		20	was examined and testified as follows:
21	No. 14 Anita Koushik information from		21	DIRECT EXAMINATION
22	Environepi website 278		22	BY MS. BRANSCOME:
23	No. 15 Pages from Environepi website		23	Q Good morning, Dr. Siemiatycki.
24	discussing Group Research Topics 285		24	A Good morning. Nice to meet you.
25	discussing Group Research Topics 203		25	Q We met just before the deposition
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3 (Pages 6 to 9)

Page 10 Page 12 anyone else present at those meetings? 1 started, but my name is Kimberly Branscome, and I 1 2 am here to ask you questions today on behalf of 2 A No. 3 3 Johnson & Johnson. Q You didn't have anyone from your team, 4 Is that all right? 4 for example, present? 5 5 A Thank you. Yes. A No. 6 Q All right. We are taking your 6 MS. PARFITT: Objection. Form. 7 deposition today in the case of In Re: Johnson & 7 BY MS. BRANSCOME: 8 Johnson Talc Litigation, MDL. 8 Q What did you do to prepare for your 9 Is it your understanding that you have 9 deposition today? 10 10 been designated as a testifying expert in that A Do you mean from the beginning of my 11 case? 11 involvement in the MDL case back last summer or do 12 12 you mean just in the last few days? A Yes. 13 13 Q Let's take it more broadly. Q When were you first contacted about 14 14 serving as an expert witness in the MDL What have you done to develop your 15 15 opinions in this case, and then specifically to litigation? 16 16 prepare for your deposition? A I believe it was in the spring or summer 17 17 A I reviewed -- I rereviewed the of 2018, but I'm not positive about that. 18 18 Q Who contacted you? literature about talc and ovarian cancer, 19 A Ms. Parfitt. 19 scientific literature. I evaluated it, I wrote a 20 Q Have you communicated with any other 20 report about it. And in the last few days, I went 21 lawyers regarding your work on the talc MDL? 21 over all of the -- not all, but a lot of the 2.2 A I've had a couple of meetings with 2.2 material that I had gone through initially and 23 Ms. Parfitt and her colleagues that she works 23 just clarified for myself, looked for any issues 24 24 that I had missed the first time around, things with. 25 25 Q Can you identify the individuals with like that. Page 11 Page 13 1 whom you have met in addition to Ms. Parfitt? 1 Q As part of your review of materials in 2 2 A Yes, there are two, and they are here preparation for today, did you identify anything 3 present. Chris Tisi and Alastair --3 in your review that changed the opinions that you 4 MR. FINDEIS: Findeis. 4 have offered in the expert report in the MDL? 5 5 THE WITNESS: Say that again. A No. Those opinions remain valid. 6 6 Q When you say that you rereviewed the MS. PARFITT: Findeis. 7 7 THE WITNESS: And that's -- thank you. scientific literature in preparation for the 8 BY MS. BRANSCOME: 8 development of your opinions in the MDL, what did 9 Q How many meetings have you had to 9 you mean by "rereviewed"? 10 10 A Well, I had reviewed -- I've reviewed prepare for your expert opinions in the MDL? 11 A One yesterday and one about a month --11 evidence around talc and ovarian cancer on a few 12 about three weeks ago. 12 different occasions. The first time was in 2006 13 Q Where did those meetings take place? 13 when I was on an international review committee on 14 A Here. 14 the topic. Then in 2015, '16, '17, in preparation 15 Q And by "here," do you mean in Montreal? 15 for another litigation regarding talc and ovarian 16 A In Montreal, yes. 16 cancer. Then in the summer/fall of 2018, in 17 Q How long did each meeting last? 17 preparation for writing a report that was 18 A Yesterday's was about four, five hours 18 submitted for this case. And then in the last 19 maybe. Four or five hours. And the earlier one, 19 week or two, roughly speaking, I went over all of 20 20 that. So I refer to that as a rereview. I guess all told, about ten hours maybe. 21 21 Q Did the ten-hour meeting take place over Q Have you ever discussed your deposition 22 22 with any of -- of the other experts designated by one day? 23 23 the plaintiffs in the MDL? A Over two days. 24 Q In addition to the attorneys that you 24 A No, I haven't. 25 just identified for the record and yourself, was 25 Q Have you discussed your expert opinions

Page 14 Page 16 1 with any of the other experts designated by the your deposition that were submitted by plaintiffs' 2 plaintiffs in the MDL? 2 counsel in the MDL. And this one we actually will 3 3 A No, I haven't. need to mark a copy, because it's not in your 4 Q Are you aware of the list of experts 4 5 that have been designated by the plaintiffs in the 5 (Exhibit No. 2 was marked for 6 6 identification.) 7 A I'm aware of at least some of them. I'm 7 MS. BRANSCOME: Do you have an extra 8 not sure if I'm aware of all of them, but I'm 8 copy, Michelle? 9 aware of some of them. 9 MS. PARFITT: I do. Not a worry. I got 10 Q Who specifically are you aware of? 10 11 A Singh, McTiernan, Laura Plunkett. And 11 BY MS. BRANSCOME: 12 there are a few more, and I could look it up. 12 Q Dr. Siemiatycki, have you ever seen the 13 Q I'd like to start by just marking the 13 document that has been marked as Exhibit 2, which 14 deposition notice for your deposition as 14 is the plaintiffs' general objections to your 15 Exhibit 1. 15 deposition notice? Dr. Siemiatycki, you will see two large 16 16 A I'm not sure. 17 binders over there in front of you. This will be 17 MS. PARFITT: I will represent for the 18 tab 1. 18 record that's not been provided to 19 So I'd like --19 Dr. Siemiatycki. 20 A I see it. 20 BY MS. BRANSCOME: 21 Q I'd like to mark for identification 21 Q All right. So if you could, 22 the document behind tab 1, which is 22 Dr. Siemiatycki, did you bring any materials with 23 Dr. Siemiatycki's deposition notice as Exhibit 1 23 you today to the deposition? 24 to this deposition. 24 A Yes, I brought a lot of documents, just 25 MS. PARFITT: Do you want to give me --25 in case. Page 15 Page 17 1 Do you want me to just mark them? Will 1 Q Can you identify for me, and we can 2 2 that help you, instead of reaching across the start with a general category first, if that's 3 table? It's up to you. I can put the stickers on 3 helpful, the materials that you brought with you 4 4 today to your deposition? 5 5 (A discussion was held off the record.) A Well, I brought my report. I brought an 6 6 (Exhibit No. 1 was marked for addendum to my report, which I think has been 7 7 identification.) provided to you. MS. PARFITT: Yes, that was the table. 8 BY MS. BRANSCOME: 8 9 Q Dr. Siemiatycki, are you familiar with 9 THE WITNESS: It's a long -- it's a set 10 the document that we have just marked as 10 11 deposition Exhibit 1? 11 MS. PARFITT: I have a copy of that if 12 A I've seen something like this. I'm --12 you wish to have it marked. Do you want it -- if 13 not reading through it, I'm not sure if it's 13 you give me a number, I will put it on this one. 14 14 exactly the same document that I have seen before, BY MS. BRANSCOME: 15 but I guess this is kind of the standard format of 15 Q Let's see. Yeah, let's go ahead and 16 notice that is sent to experts ahead of time. So 16 mark the addendum to your expert report as 17 I've seen -- I've seen that. 17 Exhibit 3. 18 Q Do you understand that what has been 18 (Exhibit No. 3 was marked for 19 marked as Exhibit 1, which is the notice for your 19 identification.) 20 deposition, requests that you bring certain 20 BY MS. BRANSCOME: 21 documents with you to this deposition? 21 Q Dr. Siemiatycki, could you just confirm 22 A Yes. 22 for the record that what we have marked as 23 Q All right. And just for completeness 23 Exhibit 3 is in fact the complete addendum to your 24 and at the request of plaintiffs' counsel, I will 24 MDL expert report? 25 also mark as Exhibit 2 the general objections to 25 A I -- I believe it is. I believe it is.

Page 20 Page 18 Q What else did you bring with you today? 1 1 Agency for Research on Cancer, of the meeting held 2 2 in Lyon in 2006. The book was published in 2010, A I'm not sure if this is the right time 3 3 to mention it, but there were a couple of -- in and it contains an evaluation of talc 4 the past few days I picked up a couple of typos in 4 carcinogenicity as of 2006. 5 5 my report, and I've hand scribbled them on my The next one is a textbook of 6 copy, and I can tell you about those very quickly, 6 epidemiology that is probably considered the most 7 but I'm not sure if this is now the right time for 7 respected one in the field at this point, authored 8 8 by Rothman, T -- R-O-T-H-M-A-N, Greenland, this or later. 9 9 O I will ask you about any corrections G-R-E-E-N-L-A-N-D, and Lash, L-A-S-H. 10 10 that you have, but it is good to know that the MR. KLATT: Dr. Siemiatycki, is there a 11 report you brought with you has some handwriting 11 particular edition or is there --12 on it, so we will make sure to mark that copy. 12 THE WITNESS: Oh, yeah. Yeah, this one 13 13 A Okay. is third edition. Thank you. 14 14 Q What else did you bring with you today? The fourth one is kind of a handbook 15 A I brought -- well, I brought three 15 called Dictionary of Epidemiology, edited by 16 16 Porta, P-O-R-T-A, which is kind of a very basic binders of material that were part of the -- the 17 17 book of definitions. references to my report. 18 18 And the fifth one is called An MS. PARFITT: And if I may, I provided counsel in advance of the deposition a thumb drive 19 19 Introduction to Meta-Analysis. The first author 20 that contains all of Dr. Siemiatycki's report but 20 is Borenstein, B-O-R-E-N-S-T-E-I-N. 21 also the references related to that report. 21 BY MS. BRANSCOME: 22 THE WITNESS: I brought a couple of 2.2 Q All right. Focusing first on the books 23 binders -- well, more than a couple. It looks 23 that you brought with you, why did you bring with 24 like five binders of different documents that I 24 you a book about Risk Factors --25 25 thought might be useful in answering questions A For cancer. Page 19 Page 21 1 that you might ask. So it was -- I was just 1 Q -- for Cancer in the Workplace? 2 2 speculating on the types of questions you might A Because it has -- in that book I -- I 3 ask and brought documents that might help to 3 described my research. I described the research 4 answer or to support arguments or statements that 4 findings from my projects in this area. I also 5 5 I would make. I brought five -described the process of conducting epidemiologic 6 6 MS. PARFITT: You can get -research and drawing inferences from epidemiologic 7 7 THE WITNESS: -- which -data, and how -- what are the considerations that 8 MS. PARFITT: -- the texts --8 would be used in drawing inferences from 9 THE WITNESS: The textbooks. I brought 9 epidemiologic data for cancer causation. And I 10 10 five books with me, again in the same spirit that thought this might come up during the day. 11 things might come up that it would be helpful to 11 O Do the methodological principles that 12 refer to material in these books. One -- should I 12 you outline in your book, Risk Factors for Cancer 13 13 in the Workplace, are those still current in your tell you what they are? 14 14 BY MS. BRANSCOME: view today? 15 15 A Yes. Q If you would, please, identify each of 16 the books --16 Q And why specifically did you want to 17 A Okay. 17 have this book available to you during your 18 Q -- for the record, and we will return to 18 deposition? 19 the eight binders that you just mentioned. 19 A In case any of the statements that I've 20 A One is a book called Risk Factors for 20 made in my report about evaluating causation and 21 Cancer in the Workplace. And it's a book that I 21 how epidemiology is used for evaluating causation 22 wrote 30 years ago about occupational causes of 22 are challenged. And specifically, I was 23 cancer. 23 anticipating that there may be challenges to the 24 24 fact that my approach to this question might be The other one -- the next one is the 25 25 monograph of IARC, which is the International new and just sort of concocted in the context of

Page 24 Page 22 1 the litigation, and I wanted to show that in my A Yeah. 2 2 own sort of intellectual history, these ideas have Q -- in the MDL? 3 3 been there forever but certainly for the last 30 A I -- yes, I -- I collected as much 4 years, and that these are commonly held views. 4 information, data from different research studies 5 5 Q Are there specific chapters within the as possible. I evaluated those studies. I 6 book that you brought with you that you would 6 ordered them according to the types of evidence 7 direct someone to to gain information about the 7 that they provide. I tried to synthesize the 8 methodology that you applied in the MDL? 8 evidence in particular in the basket of 9 MS. PARFITT: Objection. Form. 9 epidemiologic research on the topic. And I 10 10 THE WITNESS: I'm sorry. Could you juxtaposed the information from epidemiologic 11 11 repeat the question? evidence with evidence derived from other domains 12 BY MS. BRANSCOME: 12 which are provided by other experts. And I made a 13 13 Q Understanding that what you brought with professional judgment about how all of that fits 14 14 you -with different ways of understanding the 15 15 A Yes. relationship between perennial use of talc and the 16 16 risk of ovarian cancer. Q -- is a complete book --17 17 A Yes. Q Is the methodology that you just 18 18 Q -- are there specific chapters that you described that you used in forming your opinions contend contain an explanation of the methodology 19 19 in the MDL described in the textbook that you 20 that is similar to what you have applied in your 20 brought with you about risk factors in the 21 analysis in the MDL? 21 workplace? 2.2 MS. PARFITT: Objection. Form, broad. 2.2 A It is implicit. It is implicit in the 23 THE WITNESS: So I would say there are 23 work of epidemiologists, and it's implicit in the 24 two chapters that have relevance to the issue at 24 way we synthesize information. So, in 25 25 hand. The last chapter contains a discussion of epidemiologic practice, the role of -- there's no Page 23 Page 25 1 causality and how to use epidemiology in the 1 cookbook recipe in how you start the day and 2 2 finish the day. You collect data. You use your process of determining causality. 3 The first -- the second chapter contains 3 best judgment about how to synthesize and 4 information -- excuse me, I think it's the second 4 integrate it. And I guess it comes under the 5 5 chapter -- contains information about different rubric of weight of evidence. You look at all of 6 6 epidemiologic research designs, and it's a the evidence, and you (weigh it according to your 7 7 discussion of case-controlled studies, cohort professional judgment. 8 studies, and other types of epidemiologic designs 8 And most of the agencies that have any 9 and their relative advantages and disadvantages. 9 policies or statements about synthesizing 10 BY MS. BRANSCOME: 10 information will talk about collecting 11 O Is there a description of the 11 information, evaluating it, weighing it, and 12 methodology that you have applied in your analysis 12 making a judgment about it. 13 in the MDL that is directly described in the book 13 Q If someone were reviewing just your 14 14 that you just referenced? report in the MDL, would they be able to replicate 15 MS. PARFITT: Objection. Form. 15 the weight that you gave different pieces of 16 THE WITNESS: I'm not sure what you mean 16 evidence that you considered? 17 by "directly," and I'm not sure what you mean by 17 A The synthesis of scientific information 18 "methodology." 18 is not an automated process. It can't be done by 19 BY MS. BRANSCOME: 19 a robot. And in every description of how such 20 Q Did you apply a specific methodology in 20 evidence is synthesized and integrated, the final 21 reaching your opinions here in the MDL? 21 step always involves professional judgment, and as 22 A What do you mean by "a specific 22 it should, because there are too many moving parts 23 methodology"? 23 in all of this to be able to, a priori, set up an 24 Q Did you -- did you use a methodology in 24 algorithm that allows you to automate and arrive 25 25 forming your opinions -at some score that tells you, yes or no, this

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agent is dangerous or not dangerous or something like that.

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So in line with everything I've done in my career, everything that I've been involved with in international and national agencies, whether it's USNCI or the World Health Organization or other agencies, the process depends critically on judgment of the people who are making the decisions or who are making the evaluations.

Q Respectfully, Dr. Siemiatycki, that was not my question.

My question was, could someone by reviewing the report that you have provided in the MDL replicate your analysis in the sense that they would understand the weight that you gave to each piece of evidence you considered?

A I think to a considerable extent I've given fairly explicit information in the report on all of the components of information that I used and the relative weight, but -- not in a quantitative way, but the relative importance that I attribute to different parts of the evidence package.

Q You did not do any type of scoring system, for example, in considering the various selected, when they were selected, when they were

2 followed up, how -- all of these things may have a 3 different score, and you may have a hundred

4 dimensions to evaluate on each study. And nobody

5 has come up with a -- a usable, useful,

replicatable method for integrating all of this.

7 There have been some attempts and there are some

8 scoring systems out there. The fact that there 9 are scoring -- that someone has published a

10 scoring system, and that even a committee has,

11 does not mean that it's valid.

> But I -- my professional opinion, and that of I think many other people -- because typically studies are not scored in this way. That's -- when people review evidence. Or if they -- anyway, typically they are not, and my feeling is that there is no valid way really of doing it.

But the -- in order to sort of complete the answer to I think what's behind your question of why I didn't do such a thing in my report with all of the studies is that I adopted early on -- I made a decision early on to avoid excluding studies from my analysis based on my opinion about the quality of the study. This is a decision that

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Page 29

underlying studies that you evaluated. Is that

A No -- no, I did not, because I don't consider that a valid procedure.

Q Why is that not a valid procedure?

A Because I don't think epidemiologic studies can be summarized in single-digit scores. There are too many different aspects of a study, and any attempt to do so, I think is flawed and --

Q Why is the attempt to assigning a score, single digit or otherwise, a flawed methodology?

A Because there are so many -- a study can be good in one dimension, mediocre in a third, excellent in a fourth, bad in a fifth, so-so in a sixth, and so on.

There are so many dimensions of a study, and each one of them can be rated. And that's -that is something that I do do. I evaluate everything from participation rate to the population in which the study was carried out, to the way the questions were asked in the questionnaire, to the way the information from the questionnaire was -- was coded and categorized, to the way the design of the -- whether its case controlled or otherwise, how the subjects were

1 other meta-analyses have also made implicitly. I 2 don't know if they've made it explicitly, but 3 there are no studies that have -- as far as I 4 know, there are no meta-analyses that have 5 literally excluded studies on the basis of quality 6 or -- or done a systematic attempt to do this. 7

And I made a decision early on that if I tried to -- if I went down the road of eliminating some studies from my analysis, this would be criticized as some form of cherry-picking, and in an attempt to avoid that criticism, I decided I would include all pieces of evidence, notwithstanding my opinion of the overall quality of the study.

Q Okay. Dr. Siemiatycki, that was a very long answer, but I will try to unpack a few --

Q -- portions of that.

So you would agree that in order for a methodology to be valid, it has to be a process that can be replicated?

MS. PARFITT: Objection. Form. THE WITNESS: What do you mean by "replicated"? You mean that someone else following exactly the same steps and the -- making

Page 30 Page 32 1 the same assumptions as the -- the person who did giving to the pieces of evidence that he or she is 2 the analysis would be able to end up with the same 2 considering in reaching their ultimate conclusion. 3 3 statistical estimates at the end? Is that what Is that fair? 4 you mean? Or do you mean that they would make the 4 MS. PARFITT: Objection. Form. 5 same judgments? 5 THE WITNESS: It depends what you mean 6 BY MS. BRANSCOME: by "weight." If you mean by "weight" a 6 7 Q Well, Dr. Siemiatycki, you indicated one 7 quantitative number, then, no, that's not 8 of the reasons why you don't agree with using a 8 necessary. 9 quantitative point system was that a methodology 9 If you mean sort of a heuristic, 10 10 had not been developed that was, I believe you qualitative understanding of the relative 11 said, useful, usable and replicable. 11 importance of different components of evidence, 12 What did you mean by the word 12 then I would say yes. It's important to know what 13 "replicable" when you used it in your own answer? 13 played into a -- a reviewer's opinion. 14 A Did I use the word "replicable" in that 14 BY MS. BRANSCOME: 15 sentence? Can I -- can I read that? (Peruses 15 Q You also indicated that you do in fact 16 16 monitor.) rate studies. What did you mean by that? 17 17 A Sorry. Can we read back where I said I'm not sure what I had in mind with the 18 use -- the word -- yes, you can produce a 18 that? I -- (peruses monitor.) 19 19 I haven't found it, but I -- I think I replicable system, but it doesn't mean that it's 20 valid. So useful and usable, yes. I don't think 20 meant it as a synonym for evaluate. I think I 21 that there is one that would capture, for 21 meant I evaluate different studies. 22 observational epidemiology, the -- all of the 2.2 Q Okay. If I could direct your 23 components that are necessary really to tease out 23 attention --24 good and/or bad studies. 24 A Yes. 25 25 BY MS. BRANSCOME: Q -- to pages -- page 19, lines 6 Page 31 Page 33 1 Q My question to you, though, 1 through 8. 2 2 Dr. Siemiatycki, is that, is it important for a A Of -- 19 of -- of what? 3 methodology to be replicable? 3 Q Of the transcript that's --4 A It is important -- the most important is 4 A Okay. 5 for it to be valid. The replicability is an issue 5 Q -- in front of you, which understanding 6 that involves judgment. Different scientists may 6 is just a rough, but if you want to review your 7 have different judgments about the value of 7 answer. 8 different components of evidence. That diversity 8 A Sure. (Peruses document.) 9 of judgment is not a bad thing, and there's no 9 Yes, here by "rated," I meant evaluated. 10 benefit to science in forcing everyone to have the 10 Q Did you rank the different pieces of 11 same judgment within some scoring system. 11 evidence that you considered in forming your 12 So science progresses from collection of 12 opinion with respect to talc and the risk of 13 data and from different scientists evaluating the 13 ovarian cancer? 14 14 A I -- I've never done that in the data, and from the same information base different 15 scientists can make different judgments about it, 15 hundreds and hundreds of evaluations I've carried 16 and in that sense, the final evaluations are not 16 out, nor in this one do I actually put a score on 17 necessarily replicable because different 17 different components of -- of a study. Yeah. 18 scientists can make different judgments. 18 Q My question is slightly different, 19 But they are understandable. You need 19 Dr. Siemiatycki. 20 the different processes to be sufficiently 20 It's ranking them relative to each 21 understandable that different readers and so on of 21 other. So whether or not you're assigning a 22 reports can understand how you came to the 22 specific quantitative number to the study, do you 23 conclusions. 23 evaluate this is, for instance, the most important 24 24 Q And so it is important to be able to study and this is the least important study on a 25 25 understand what weight a particular scientist is particular topic?

	Page 34		Page 36
1	MS. PARFITT: Objection. Form.	1	conclusion.
2	THE WITNESS: You mean overall or in	2	BY MS. BRANSCOME:
3	in each dimension that the that a study is	3	Q When I asked you the question of whether
4	comprised of?	4	or not the methodology you applied here in forming
5	BY MS. BRANSCOME:	5	your opinion in the MDL is contained in the book
6	Q Did you do any type of ranking of that	6	that you wrote about Risk Factors for Cancer in
7	nature, be it in a subtopic or overall?	7	the Workplace, you said it was implicit.
8	A Not not explicitly, no.	8	Is that methodology explicitly described
9	Q You mentioned at the at the end of	9	in that textbook or any of the other textbooks you
10	your answer that you made a decision not to	10	brought with you today?
11	exclude studies because you would not want to face	11	A I'm not sure that the methodology you
12	the criticism of cherry-picking; is that correct?	12	know, I think it the collection of data, the
13	A Yes, I said that.	13	evaluation of data, the judgment about the
14	Q What is your understanding of the	14	collection of data is a part of the scientific
15	criticism of cherry-picking?	15	method, and it is so engrained and implicit in
16	A My understanding is that one would	16	epidemiology and in other sciences that you don't
17	one might look at a body of evidence, have a	17	really need to and scientists don't write in
18	preconceived notion about the topic, the	18	their books or in their unless they're talking
19	hypothesis under consideration, and use those	19	to first-year students talk about this. It's
20	studies that support that hypothesis and discard	20	so elementary that those aspects are not really
21	the other ones in some way.	21	described. One goes further in describing
22	Q Is that good science, in your opinion?	22	specific methodologies that would pertain to the
23	A No, that's not good science.	23	topic under consideration.
24	Q Why not?	24	Q Are there different ways to perform a
25	A Because it doesn't produce an objective	25	meta-analysis?
	Page 35		Page 37
1	portrait of reality.	1	A 37
2		1 -	A Yes.
	Q If a scientist were to selectively	2	Q Okay. Did the method that you chose in
3	Q If a scientist were to selectively identify studies that were supportive of his or		
		2	Q Okay. Did the method that you chose in
3	identify studies that were supportive of his or	2 3	Q Okay. Did the method that you chose in developing your meta-analysis, is that explicitly
3 4	identify studies that were supportive of his or her preconceived notion, would you consider that	2 3 4	Q Okay. Did the method that you chose in developing your meta-analysis, is that explicitly described in any of the materials you either brought here with you today or of which you are aware in the scientific community?
3 4 5	identify studies that were supportive of his or her preconceived notion, would you consider that analysis to be a valid one? MS. PARFITT: Objection. Form. THE WITNESS: Do you mean just I'm	2 3 4 5	Q Okay. Did the method that you chose in developing your meta-analysis, is that explicitly described in any of the materials you either brought here with you today or of which you are aware in the scientific community? A So it partly depends what you mean by "a
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	Page 38		Page 40
1		1	
1 2	If you're asking about which you know, there are decisions to be made about which	1 2	clarify. So the three the three binders that
3	studies to include, about which results from	3	you referred to as sort of this first set of
4	studies to include, about which results from studies to include, and all of that sort of thing,	4	materials, are those all references that are
5	which is not strictly part of the statistics of	5	identified specifically in your report from the
6	meta-analysis, it's sort of the step before	6	MDL?
7	meta-analysis, and that part is utterly unique to	7	
8	each situation.	8	A Yes, I believe so. And just to be clear, when I was sent this material from the
9		9	,
10	So if you're doing a meta-analysis of	10	lawyers' office, it arrived in four binders. I'm
11	clinical trials that have all been designed	11	not sure if you received the same four binders. I have re I've taken some things out of there,
12	basically in an identical way for an	12	
13	antihypertensive medication, and whether the study is done in Australia or California or Canada, the	13	so I have three binders of those things. Just
14		14	I don't know if there's confusion just between the
	design is pretty standard, and a lot of it can be you can and you end up basically with a	15	three and four, but
15			Q What did you remove from the set of
16 17	single result from the study, what is the impact	16 17	materials that you were provided by plaintiffs' counsel?
	on blood pressure the average impact on blood		
18	pressure among people who use it who were given the drug, the experimental group versus a	18 19	A I removed the IARC reports, which I have
19		1	in books, so I didn't need to carry around
20	comparison group, et cetera, that is one type of	20 21	hundreds and hundreds of pages extra. I removed some other there was
21	preparation for a meta-analysis.	22	
22	If you're dealing with observational		another report with, you know, thousands of
23	epidemiology, as we are in the case of ovarian	23	hundreds or at least of pages where I thought
24	cancer, and some of the particularities of the	24	the relevant material was in contained in about
25	literature in this domain, there are a lot of	25	20 pages. So I kept in material that I carry
	Page 39		Page 41
1	Page 39 decisions that need to be made in the run-up to	1	Page 41 around, I kept the 20 pages and put the rest away
1 2		1 2	
	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are	1	around, I kept the 20 pages and put the rest away
2	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it	2	around, I kept the 20 pages and put the rest away in a box.
2	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it be fair to say that you are applying unique	2 3 4 5	around, I kept the 20 pages and put the rest away in a box. Q Do you remember which document that was? A If you give me a minute, I'll try to recreate that.
2 3 4 5 6	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it be fair to say that you are applying unique judgment in the selection of the studies that you	2 3 4 5 6	around, I kept the 20 pages and put the rest away in a box. Q Do you remember which document that was? A If you give me a minute, I'll try to
2 3 4 5 6 7	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it be fair to say that you are applying unique judgment in the selection of the studies that you include in your meta-analysis and, more	2 3 4 5 6 7	around, I kept the 20 pages and put the rest away in a box. Q Do you remember which document that was? A If you give me a minute, I'll try to recreate that. Q We can check that at the break if you want
2 3 4 5 6 7 8	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it be fair to say that you are applying unique judgment in the selection of the studies that you include in your meta-analysis and, more specifically, what data from those studies you	2 3 4 5 6 7 8	around, I kept the 20 pages and put the rest away in a box. Q Do you remember which document that was? A If you give me a minute, I'll try to recreate that. Q We can check that at the break if you want A Yeah. Sure, sure.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it be fair to say that you are applying unique judgment in the selection of the studies that you include in your meta-analysis and, more specifically, what data from those studies you include. MS. PARFITT: Objection. Form. THE WITNESS: Any meta-analysis in this area would absolutely need to apply professional judgments to those things. BY MS. BRANSCOME: Q Okay. A Mine included and every — everyone else's included.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	around, I kept the 20 pages and put the rest away in a box. Q Do you remember which document that was? A If you give me a minute, I'll try to recreate that. Q We can check that at the break if you want A Yeah. Sure, sure. Q to identify that document. So then you you spoke about an additional five binders A Yeah. Q that you brought with you that contain documents that might help you answer questions during the deposition. Can you describe the contents of those five binders. I'm trying to avoid marking all of
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	decisions that need to be made in the run-up to the meta-analysis. Q So in the situation where you are dealing with observational epidemiology, would it be fair to say that you are applying unique judgment in the selection of the studies that you include in your meta-analysis and, more specifically, what data from those studies you include. MS. PARFITT: Objection. Form. THE WITNESS: Any meta-analysis in this area would absolutely need to apply professional judgments to those things. BY MS. BRANSCOME: Q Okay. A Mine included and every everyone else's included. Q All right. So, Dr. Siemiatycki, getting back to the materials that you brought with you today, you mentioned that you brought three binders of scientific literature. Was that correct? A Three binders of the references to my	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	around, I kept the 20 pages and put the rest away in a box. Q Do you remember which document that was? A If you give me a minute, I'll try to recreate that. Q We can check that at the break if you want A Yeah. Sure, sure. Q to identify that document. So then you you spoke about an additional five binders A Yeah. Q that you brought with you that contain documents that might help you answer questions during the deposition. Can you describe the contents of those five binders. I'm trying to avoid marking all of these as exhibits. A Yeah. Please. Okay. Let me just reach down and look at their covers. Yeah, so one contains the recent manuscript of a study by Taher, et al., a Canadian

Ī	Page 42		Page 44
1	that's it. It's such a such a big report with	1	identification.)
2	all the appendices and so on, that it takes up a	2	BY MS. BRANSCOME:
3	whole binder.	3	Q Now, Dr. Siemiatycki, with the exception
4	Another one, a smaller one, contains the	4	of a copy of your report, which you previously
5	meta the main meta-analyses that have been done	5	testified has some handwritten annotations on it,
6	in this area, apart from the Taher one. So the	6	do any of the other materials that you brought
7	Berge, Penninkilampi, a few other older ones,	7	with you today have any notes, handwritten or
8	Langseth and some of the older ones.	8	typed, or highlighting or any other form of
9	Q Are those materials that are in the set	9	annotation?
10	of meta-analysis, the second binder, if you will,	10	A Yes. The the epidemiology studies
11	are they replicated also in the other set of three	11	and probably the meta-analyses, the previous
12	binders that you brought with you?	12	meta-analyses. I I tend to scribble notes when
13	A Yes, they are.	13	I'm reading an article on the side, so some of
14	Q Okay.	14	those may very well have scribbled notes on in
15	A Yes, they are.	15	the margins or things underlined.
16	Sorry. There's there's another one	16	Q Dealing first with the binder of the
17	in like that which contains all of the original	17	original epidemiological studies that you said you
18	epidemiology studies that I used or that were	18	had at a prior deposition, have you annotated that
19	available to be used in the meta-analysis. And I	19	in any way since you brought that to another
20	had this binder in my previous in the previous	20	deposition?
21	case that I testified on, and I thought I I'd	21	A Since today? Sorry.
22	like to have one binder here just of the	22	MS. BRANSCOME: Michelle, perhaps you
23	epidemiology studies because the thick binders,	23	could help me.
24	it's harder for me to find articles, so it would	24	MS. PARFITT: Sure. Yeah, absolutely.
25	be easier for me to find them in this binder. So	25	MS. BRANSCOME: Has that specific binder
			-
	Page 43		Page 45
1	all of these are in the big binders.	1	been marked as an exhibit at a prior deposition?
2	And there's another one with Health	2	MS. PARFITT: Let me see which one.
3	Canada weight of evidence guidelines. Also	3	Ms. Branscome, I don't want to
4	guidelines from a European agency on weight of	4	represent and I would tell you that these were
5	evidence and evaluation. I think there might be	5	all the studies that he's had over the course of
6	something from FDA about that, and also some of	6	the last few years. I can't imagine it wasn't
7	the information regarding agency what agencies	7	asked for in prior depositions, but I can't I
8	have put on their websites, if anything, about	8	can't represent
9	talc, which would include the National Cancer	9	MS. BRANSCOME: Okay.
10	Institute and some other agencies.	10	MS. PARFITT: one way or another. I
11	So these are mainly well, partly	11	really can't.
12	printouts from websites. Partly the Canadian Risk	12	MS. BRANSCOME: Let's go ahead. I would
12 13	printouts from websites. Partly the Canadian Risk Management scope for talc published very recently	12 13	MS. BRANSCOME: Let's go ahead. I would like to mark the binder
12 13 14	printouts from websites. Partly the Canadian Risk Management scope for talc published very recently from the Canadian Department of Health. And this	12 13 14	MS. BRANSCOME: Let's go ahead. I would like to mark the binder MS. PARFITT: I will tell you this
12 13 14 15	printouts from websites. Partly the Canadian Risk Management scope for talc published very recently from the Canadian Department of Health. And this sort of information. Not not all of those are	12 13 14 15	MS. BRANSCOME: Let's go ahead. I would like to mark the binder MS. PARFITT: I will tell you this maybe I can. There are pink numbers, number 10,
12 13 14 15 16	printouts from websites. Partly the Canadian Risk Management scope for talc published very recently from the Canadian Department of Health. And this sort of information. Not — not all of those are in the thick binders.	12 13 14 15 16	MS. BRANSCOME: Let's go ahead. I would like to mark the binder MS. PARFITT: I will tell you this maybe I can. There are pink numbers, number 10, number 14, which suggest to me that they might
12 13 14 15 16 17	printouts from websites. Partly the Canadian Risk Management scope for talc published very recently from the Canadian Department of Health. And this sort of information. Not – not all of those are in the thick binders. Q Are all of the documents in the binder	12 13 14 15 16 17	MS. BRANSCOME: Let's go ahead. I would like to mark the binder MS. PARFITT: I will tell you this maybe I can. There are pink numbers, number 10, number 14, which suggest to me that they might have been referenced in a deposition at one point
12 13 14 15 16 17	printouts from websites. Partly the Canadian Risk Management scope for talc published very recently from the Canadian Department of Health. And this sort of information. Not not all of those are in the thick binders. Q Are all of the documents in the binder that you are holding there, which I think is your	12 13 14 15 16 17 18	MS. BRANSCOME: Let's go ahead. I would like to mark the binder MS. PARFITT: I will tell you this maybe I can. There are pink numbers, number 10, number 14, which suggest to me that they might have been referenced in a deposition at one point in time as an exhibit.
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	Page 46		Page 48
1	caution, we will mark the binder that has been	1	A Okay.
2	described as containing the original	2	Q So why don't we mark as Exhibit 8 the
3	epidemiological studies as Exhibit 5, and the	3	bill for professional services that covers the
4	binder that contains the meta-analyses as	4	month of July.
5	Exhibit 6.	5	(Exhibit No. 8 was marked for
6	(Exhibit Nos. 5 and 6 were marked	6	identification.)
7	for identification.)	7	MS. PARFITT: Sure. I don't have extras
8	BY MS. BRANSCOME:	8	of those. Does anyone have a clamp? If I could
9	Q Did you bring anything else with you to	9	have one of those? Thank you.
10	the deposition today?	10	MR. TISI: Number 7, for the record, is
11	A Cell phone, glasses, et cetera, but no.	11	the one that goes to November.
12	Q I was provided before the deposition	12	MS. BRANSCOME: We'll we'll clear it
13	began with a single piece of paper that I	13	up.
14	understand to be a bill for professional services.	14	MR. TISI: Thank you.
15	If we could mark a copy of that as	15	THE WITNESS: Got it.
16	Exhibit 7.	16	BY MS. BRANSCOME:
17	MS. BRANSCOME: Michelle, I don't know	17	Q So, Dr. Siemiatycki, you have two
18	if you have an extra copy.	18	exhibits in front of you there, an Exhibit 7 and
19	MS. PARFITT: I do.	19	an Exhibit 8.
20	(Exhibit No. 7 was marked for	20	Do they both contain bills for
21	identification.)	21	professional services for the work that you have
22	MS. PARFITT: I have additional copies	22	done in connection with this litigation?
23	for counsel, if you would like.	23	A Yes, they do.
24	MS. BRANSCOME: I think we passed one	24	Q And what has been marked as Exhibit 7
25	around.	25	covers a work period of August 9th through
	Page 47		Page 49
1	Page 47	1	Page 49
1 2	BY MS. BRANSCOME:	1 2	November 16th, 2018, during which you billed 136
2	BY MS. BRANSCOME: Q Dr. Siemiatycki, do you recognize the	2	November 16th, 2018, during which you billed 136 hours; is that correct?
2	BY MS. BRANSCOME: Q Dr. Siemiatycki, do you recognize the document that's been placed in front of you that's	2	November 16th, 2018, during which you billed 136 hours; is that correct? A That's correct.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	BY MS. BRANSCOME: Q Dr. Siemiatycki, do you recognize the document that's been placed in front of you that's been marked as Exhibit 7? A Yes, I do. Q And could you describe for the record what this document is. A It's a bill for services that I sent to Ms. Parfitt dated November 18, 2018, in which I billed for work done between August and November 2018 on the MDL case. Q Is it correct that this is a bill that covers 56 hours that you billed in connection with your work on this case in the month of July through August 2nd, 2018? A Sorry, do – July? Is this the same – MS. PARFITT: August. I have August to November. THE WITNESS: Do you have a bill labeled July?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	November 16th, 2018, during which you billed 136 hours; is that correct? A That's correct. Q And then Exhibit 8 covers the period of time July 1st through August 2nd, 2018, over which you billed 56 hours; is that correct? A That's correct. Q And you bill for your time at \$450 an hour, correct? A That's correct. Q Do the two bills for professional services that have been marked as Exhibits 7 and 8 contain any time for work done by others at your direction? A They contain work that has been done by a couple of by one research assistant, and I make an arrangement with her to reimburse her for her time. So it's it's covered in these, yes. Q Okay. And so how is your research assistant's time billed to plaintiffs' counsel?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MS. BRANSCOME: Q Dr. Siemiatycki, do you recognize the document that's been placed in front of you that's been marked as Exhibit 7? A Yes, I do. Q And could you describe for the record what this document is. A It's a bill for services that I sent to Ms. Parfitt dated November 18, 2018, in which I billed for work done between August and November 2018 on the MDL case. Q Is it correct that this is a bill that covers 56 hours that you billed in connection with your work on this case in the month of July through August 2nd, 2018? A Sorry, do July? Is this the same MS. PARFITT: August. I have August to November. THE WITNESS: Do you have a bill labeled July? MS. PARFITT: We have July to August,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	November 16th, 2018, during which you billed 136 hours; is that correct? A That's correct. Q And then Exhibit 8 covers the period of time July 1st through August 2nd, 2018, over which you billed 56 hours; is that correct? A That's correct. Q And you bill for your time at \$450 an hour, correct? A That's correct. Q Do the two bills for professional services that have been marked as Exhibits 7 and 8 contain any time for work done by others at your direction? A They contain work that has been done by a couple of — by one research assistant, and I make an arrangement with her to reimburse her for her time. So it's — it's covered in these, yes. Q Okay. And so how is your research assistant's time billed to plaintiffs' counsel? A It's not billed. I — I adjust the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. BRANSCOME: Q Dr. Siemiatycki, do you recognize the document that's been placed in front of you that's been marked as Exhibit 7? A Yes, I do. Q And could you describe for the record what this document is. A It's a bill for services that I sent to Ms. Parfitt dated November 18, 2018, in which I billed for work done between August and November 2018 on the MDL case. Q Is it correct that this is a bill that covers 56 hours that you billed in connection with your work on this case in the month of July through August 2nd, 2018? A Sorry, do July? Is this the same MS. PARFITT: August. I have August to November. THE WITNESS: Do you have a bill labeled July? MS. PARFITT: We have July to August, and here's the August	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	November 16th, 2018, during which you billed 136 hours; is that correct? A That's correct. Q And then Exhibit 8 covers the period of time July 1st through August 2nd, 2018, over which you billed 56 hours; is that correct? A That's correct. Q And you bill for your time at \$450 an hour, correct? A That's correct. Q Do the two bills for professional services that have been marked as Exhibits 7 and 8 contain any time for work done by others at your direction? A They contain work that has been done by a couple of by one research assistant, and I make an arrangement with her to reimburse her for her time. So it's it's covered in these, yes. Q Okay. And so how is your research assistant's time billed to plaintiffs' counsel? A It's not billed. I I adjust the billable hours to reflect the time that she works

	Page 50		Page 52
1	reflects your personal time?	1	paper and the Health Canada statement?
2	A Between 95 percent and 98 percent,	2	A No, I didn't.
3	almost all of it.	3	Q Did you annotate any of the materials
4	Q And do the two exhibits that you have in	4	that you reviewed?
5	front of you there, Exhibit 7 and Exhibit 8, does	5	A I'm I'm not sure. I typically have a
6	that cover all of the work that you have done in	6	pen in my hand when I'm reading, so I couldn't say
7	connection with forming your opinions in this	7	that I never underlined anything or I just
8	case, meaning the MDL?	8	don't recall making any and I don't know that I
9	A In forming the opinions for the report,	9	could find if I did look at it in December, I'm
10	yes.	10	not sure I could find that copy because I I
11	Q These bills do not include time that you	11	tend to print things over when and I there
12	spent preparing for today's deposition, correct?	12	was nothing written that I wanted to retain. I
13	A That's correct.	13	didn't write anything that I have used or yeah.
14	Q About how much time have you spent	14	MS. BRANSCOME: We've been going for a
15	preparing for today's deposition?	15	little over an hour. Is now a good time to take a
16	A I would say the time since November 18,	16	break?
17	which is referenced here, to today, there were	17	THE WITNESS: It's a great time.
18	actually two components. One was preparing for	18	THE VIDEOGRAPHER: We are going off the
19	the deposition. Another was a bit of a flurry of	19	record at 10:55 a.m.
20	activity in December, I think it was, when a	20	(Recess.)
21	couple of reports from Health Canada and from	21	THE VIDEOGRAPHER: This begins disc
22	the Taher group were published, and I reviewed and	22	number 2 in the deposition of Jack Siemiatycki.
23	tried to think about that information as well.	23	We're going back on the record at 11:15 a.m.
24	So just to be as precise as possible, I	24	BY MS. BRANSCOME:
25	just want to make that clear. It's not it	25	Q Before we took the break,
	Page 51		Page 53
1		1	Page 53 Dr. Siemiatycki, we were looking at the two bills
1 2	Page 51 wasn't only preparation. But I I guess we're talking about a couple of weeks' work in since	1 2	
	wasn't only preparation. But I I guess we're		Dr. Siemiatycki, we were looking at the two bills
2	wasn't only preparation. But I I guess we're talking about a couple of weeks' work in since	2	Dr. Siemiatycki, we were looking at the two bills for professional services that have been marked as
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2 3 4	wasn't only preparation. But I I guess we're talking about a couple of weeks' work in since November, but between six and ten days maybe, something in that ballpark.	2 3 4	Dr. Siemiatycki, we were looking at the two bills for professional services that have been marked as Exhibit 7 and Exhibit 8. And so in addition to the 56 hours that are on Exhibit 8, the 136 hours on Exhibit 7, and
2 3 4 5	wasn't only preparation. But I I guess we're talking about a couple of weeks' work in since November, but between six and ten days maybe, something in that ballpark. Q And how would what would that be in	2 3 4 5	Dr. Siemiatycki, we were looking at the two bills for professional services that have been marked as Exhibit 7 and Exhibit 8. And so in addition to the 56 hours that are on Exhibit 8, the 136 hours on Exhibit 7, and the approximately 40 to 60 hours you have spent
2 3 4 5 6	wasn't only preparation. But I I guess we're talking about a couple of weeks' work in since November, but between six and ten days maybe, something in that ballpark. Q And how would what would that be in terms of hours? A Between 40 and 60 hours or subject to revision, I could I could look that up.	2 3 4 5 6	Dr. Siemiatycki, we were looking at the two bills for professional services that have been marked as Exhibit 7 and Exhibit 8. And so in addition to the 56 hours that are on Exhibit 8, the 136 hours on Exhibit 7, and
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	Page 54		Page 56
1	MS. PARFITT: Object.	1	do you currently spend performing work in
2	THE WITNESS: It would be more than 200	2	connection with litigation?
3	for sure. So to the best of my recollection,	3	A By presently, can you give me a time
4	it might be between 400 and 600. But	4	frame? You don't mean today, I presume. When you
5	BY MS. BRANSCOME:	5	say do you mean in the last year? In the last
6	Q How much have you billed to date for all	6	10 years?
7	of the work you've done in connection with talc	7	Q Let's say over over the past 12
8	litigation?	8	months, what percent of your professional time was
9	A Well, I I don't remember.	9	spent performing work in connection with
10	MS. PARFITT: Don't guess.	10	litigation?
11	THE WITNESS: I don't remember a total.	11	A Ten to 20 percent ballpark.
12	BY MS. BRANSCOME:	12	Q And has that percentage of time spent on
13	Q Do you charge \$450 per hour for all	13	work in connection with litigation changed over
14	types of work that you have done in connection	14	the past five years, for example?
15	with the talc litigation?	15	A Yes, it's very variable depending on
16	A Yes, I do.	16	requests for participation in litigation. So in
17	Q Do the fees that you charge in	17	the past five years, my main contact with
18	connection with your work as an expert witness in	18	litigation has been in the ovarian cancer cases,
19	the talc litigation go directly to you personally?	19	but at around five years ago, I was also
20	A Yes, they do. Well, they go to a	20	working on two other cases in Canada.
21	corporation that that I control, as you see in	21	Sorry, what was the question?
22	the bills.	22	Q Sure. How I'll ask a new one.
23	Q Do you pay anyone else for the using	23	How has the percentage of time that
24	the funds that the corporation has received for	24	A Oh, oh.
25	the expert work you've done in connection with the	25	Q you spend in connection with work
	Page 55		Page 57
1	talc litigation?	1	done related to litigation changed?
2	MS. PARFITT: Objection. Form.	2	
3		_	A Any litigation, right?
	THE WITNESS: Yes, when I ask someone to	3	A Any litigation, right? Q Yes.
4	THE WITNESS: Yes, when I ask someone to do some specific tasks, I pay them for that.		
4 5		3	Q Yes.
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5	do some specific tasks, I pay them for that. BY MS. BRANSCOME: Q And are the fees that you pay to other individuals for tasks that they do in support of	3 4 5	Q Yes.A Or or talc litigation?Q I'll start with all litigation.
5 6	do some specific tasks, I pay them for that. BY MS. BRANSCOME: Q And are the fees that you pay to other individuals for tasks that they do in support of your work, do those fees get billed to plaintiffs'	3 4 5 6	Q Yes. A Or or talc litigation? Q I'll start with all litigation. A So it's as I said, it's very variable from month to month. And and I mean, I guess over the past five years, it has kind of
5 6 7	do some specific tasks, I pay them for that. BY MS. BRANSCOME: Q And are the fees that you pay to other individuals for tasks that they do in support of	3 4 5 6 7	 Q Yes. A Or or talc litigation? Q I'll start with all litigation. A So it's as I said, it's very variable from month to month. And and I mean, I
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15 (Pages 54 to 57)

	Page 58		Page 60
1	to tab 2.	1	specific to the Echeverria case, correct?
2	A In this big binder?	2	A Correct.
3	Q Yes, please.	3	Q So the expert report that described the
4	Is the document behind tab 2 your expert	4	opinions that you were offering in that case is
5	report dated October 4th, 2016, that related to	5	the one that we have just marked as Exhibit 9. Is
6	the talcum powder litigation?	6	that fair?
7	A Yes, it is.	7	MS. PARFITT: Objection. Form.
8	MS. BRANSCOME: I would like to mark	8	THE WITNESS: I I'm I'm hesitating
9	that as Exhibit 9.	9	because I'm not sure what the significance of the
10	(Exhibit No. 9 was marked for	10	phrase "the expert report that you offered" is. I
11	identification.)	11	didn't I didn't in a sense offer this report
12	BY MS. BRANSCOME:	12	for at that trial. I testified at that trial,
13	Q The report marked as Exhibit 9 was not	13	and they had this expert report available to them.
14	drafted for a particular case; is that correct?	14	BY MS. BRANSCOME:
15	A I I I'd have to defer I'm not	15	Q Okay. Let me ask it this way: You
16	exactly sure sometimes whether these reports refer	16	generated an expert report specific to the MDL,
17	to a specific case or not.	17	correct?
18	Q Okay. Let me do it this way: What was	18	A Yes.
19	the question that you were attempting to answer in	19	Q And we are going to look at that
20	the report that has been marked as Exhibit 9?	20 21	A Yes.
21	A So the question was the generic question	22	Q but that is a report that is dated at
22	of whether there is a causal relationship between	23	some point in 2018, correct? A Correct.
23	use of talcum powder products and ovarian cancer.	24	
24	Q And specifically, the report marked as	25	Q Did you generate an expert report at any time in between the expert report that you
25	Exhibit 9, were you looking specifically at	2.5	time in between the expert report that you
	Page 59		Page 61
1	perineal or genital use of talc?	1	generated there in October 2016 and the expert
2	A That was the focus, yes.	2	report you have supplied that's dated November
3			report you have supplied that's dated November
-	Q Did your 2016 report address any cancer	3	2018?
4	Q Did your 2016 report address any cancer risk associated with the inhalation of talc?	3 4	
			2018?
4	risk associated with the inhalation of talc?	4	2018? A No, I did not.
4 5	risk associated with the inhalation of talc? A Not that I recall. It certainly wasn't	4 5	2018? A No, I did not. Q All right. So if I may, I would like to
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16 (Pages 58 to 61)

Page 62 Page 64 1 A Yes. So the first is on page 47. And your copy of your report that there were other 2 in the first full paragraph that begins with 2 handwritten annotations. 3 3 "Table 9," on the fourth line --A Yeah. 4 4 Q Can you please walk me through -- unless Q Let me pause you there for a moment, 5 5 Dr. Siemiatycki. Are we both looking at page 47? it's voluminous, in which case we can do it after 6 A Now, I -- I'm not sure whether I printed 6 a break -- any notations that you have made in 7 this in a way that is not -- does not correspond 7 your copy of your MDL report. 8 to the version that you have. I'm sorry. I 8 A It's not voluminous. I didn't make 9 9 printed this just for my own use, so I didn't -many. One is on page 49. And in the middle of 10 10 Q No, looking at it, it looks similar. the page in italics, there is a misconception 11 11 counting, et cetera, and just before that, I was A Oh, okay. 12 Q So why don't you direct me to the 12 talking about hospital-based studies and 13 specific correction. I thought you were referring 13 population-based studies. So the section that 14 14 to the image of Table 9. begins on page 48 is about hospital-based versus 15 MS. PARFITT: No, no. I think we're 15 general population-based studies. And I made a 16 16 note to myself after that -- at the end of that all on the same -- it's the same one you have --17 17 THE WITNESS: Okay. section, also --18 MS. PARFITT: - on your thumb drives. 18 I mean, do you want me to quote what I 19 19 THE WITNESS: Okay. wrote? Q Yes, please. 20 BY MS. BRANSCOME: 20 21 Q All right, we'll start again. So, 21 A Sure. I said: "Also the basin for 22 Dr. Siemiatycki, if you could identify for me the 2.2 hospital controls may differ from the basin for 23 corrections that you are making to your MDL report 23 cases." 24 from November 2018. 24 Q And what did you mean by that? 25 25 A So, you're familiar with the idea, a A Right. So on page 47, the first full Page 63 Page 65 1 paragraph, the fourth line, there are some 1 hospital-based study? There are actually 2 2 numbers. It says "1.25," and then in parentheses, different types of hospital-based studies, which 3 there is a 1.0 that was really a literal typo. 3 is something that has not come out in, really, in 4 Someone's -- my fingers were too heavy, and the 4 any of the discussion of this literature. 5 5 one -- the first 1.0 should be dropped, and so the But one of the problems with hospital-6 6 correct number is 1.15 to 1.36. Okay? based studies is that when you choose a control 7 7 The next one -- I'm sorry. Oh, the next group, let's say for a series of ovarian cancer 8 one is on page 45, so a couple of pages earlier, 8 cases from a given hospital, and you go to a 9 in the second line -- are you with me? -- the 9 different ward in that hospital to look for 10 10 sentence that begins "While the Terry 2013." It controls who are not -- don't have ovarian 11 should be the Berge -- "While the Berge" -- the 11 cancer -- the reasons for referral and the -- the 12 first Terry -- I'm just thinking out loud again. 12 pattern of patients coming to hospitals differs 13 Whether in fact the Terry was the correct --13 for different diseases. So serious -- it 14 14 anyway, yesterday when I was correcting this generally is the case that serious diseases in 15 quickly, I thought that it -- that I had 15 specialized hospitals tend to come from a wider 16 miswritten "Terry 2013" in that sentence and that 16 geographic and social area than cases of traffic 17 it should have been Berge 2018. 17 accident injuries or things that are treated in 18 Do you mind if I look at this again at 18 general hospitals more easily. 19 lunchtime and just verify which I was referring 19 And if you just take a series of cases 20 to? I'm now confusing myself about that. 20 of ovarian cancer and go to the emergency 21 Q Not a problem. We can come back to that 21 department to choose controls or you go to the GI 22 after -- either the next break or the lunch break. 22 surgery department where they do appendectomies 23 A And that -- those are the only 23 routinely or something like that, you're picking 24 corrections I picked up as I was going through it. 24 up populations who are quite different. 25 25 Q I noticed as you were flipping through And this is one of the disadvantages of

17 (Pages 62 to 65)

Page 66 Page 68 THE VIDEOGRAPHER: We're going back on 1 a hospital-based control strategy, and it's one of 1 2 the reasons why, in general, epidemiologists favor 2 the record at 11:41 a.m. 3 3 population-based studies rather than hospital --BY MS. BRANSCOME: 4 case control studies, population-based case 4 Q Do you have any other annotations there 5 control studies, rather than hospital-based case 5 with you on your copy of your report? 6 control studies, because the cases and the 6 A No. I have one other green sticky on 7 controls -- one of the requisites in a case 7 page 67, but there's nothing written on that page, 8 control design is that the patients -- the cases 8 and I don't remember why I put that sticky there. 9 and the controls should represent the same study 9 Q Okay. The report that we just marked as 10 base, the same basin of people who if they were 10 Exhibit 10, does that define the scope of your 11 cases with the disease in question, ovarian 11 opinions in the MDL? 12 cancer, this is where they would end up, and all 12 A The scope of my opinions. It defines my 13 of them would end up there. 13 opinions, yes. 14 Q Are there any studies that were relevant 14 Q Does it contain all of the opinions that 15 to your analysis for your MDL report that you 15 you intend to offer at any trial or hearing in the 16 think this particular criticism that you have just 16 MDL? 17 explained applies to? 17 A I mean, I guess if I'm asked a question 18 A I'm not sure. I didn't examine them 18 that veers off from something I said in my report, 19 from that point of view. 19 and I address the question, would that be 20 In this section of my report, it was 20 considered going off -- you know, offering an 21 kind of a generic discussion of the issue of -- of 21 opinion that is not in my report? 22 the merits of hospital-based versus population-22 It's just that -- I'm just not sure 23 based studies. 23 about the technicality of your question. I mean, 24 Q Okay. Do you have any other annotations 24 I will offer -- I will answer questions even if 25 that you made in your copy of your MDL report? 25 they lead off the content of my report. Page 67 Page 69 1 A At the bottom of that same page, 49, I 1 Q As you sit here today --2 wrote, quote, "Borenstein." And right now I'm --2 A Yes. 3 oh, yes. So this misconception about counting the 3 Q -- does the report that has been marked 4 number of statistically significant results as a 4 as Exhibit 10 contain all of the opinions that you 5 valid way of assessing consistency of results 5 have formed as of today about which you would 6 6 among different studies is a basic flaw in the intend to testify at trial or a hearing on this 7 7 conduct and interpretation of how to review a matter? 8 series of studies. 8 A I -- I believe so. 9 It's well known. I've known and I -- I 9 Q What was the question that you were 10 said it in my report that this is absolutely not 10 asked to answer in connection with the report you 11 the way to synthesize evidence from multiple 11 generated in 2018? 12 studies, to count the number of significant ones. 12 A I guess I -- I'll just refer back to 13 And in addition to me saying it and many others, I 13 what it says in the report: "Can application of 14 thought that I could -- if you asked me questions 14 talcum powder products in the perineal region 15 about it or challenged my opinion on that score, I 15 cause ovarian cancer?" 16 could quote the textbook on meta-analysis, which 16 Q Is that question different from the 17 17 gives some good examples of why that's wrong. question you were answering in your 2016 report? 18 MS. PARFITT: Let's stop here for a 18 A I -- I don't see them as different. 19 minute --19 Q You would agree with me, though, that 20 MS. BRANSCOME: If we could go off the 20 there are differences between the report that you 21 21 produced in November 2018 and the report that you record. 22 MS. PARFITT: -- and go off the record. 22 produced in October 2016? 23 THE VIDEOGRAPHER: We're going off the 23 MS. PARFITT: Objection. Form. Vague. 24 record at 11:39 a.m. 24 THE WITNESS: Yes, there are some 25 25 (Pause.) differences.

18 (Pages 66 to 69)

Page 70 Page 72 1 BY MS. BRANSCOME: 1 sequence, and I use both of them now but in 2 2 different places. Q When you began drafting the report 3 3 that's been marked there as Exhibit 10, your MDL But -- so is your question, is it 4 report, did you begin by using your 2016 report as 4 exactly the same computer that all the files were 5 an initial draft? 5 kept on or -- is that the sense of your question? 6 A Yes. But I also had some ideas about BY MS. BRANSCOME: 6 7 new things that I would want to do. Sort of 7 Q How about I ask it this way: Can you 8 coming out of the Echeverria experience, I 8 describe for me the process by which you drafted 9 realized that there were -- there were a couple of 9 your 2018 report that's been marked as Exhibit 10? 10 errors in that -- my original report that I wanted 10 A So I guess there were two parallel 11 to correct. There were ways of doing the analyses things going on, or maybe more. One was to do 11 12 that, on reflection, I thought were not optimal 12 some reanalyses of the statistical meta-analysis. 13 and that I could improve on, even if I anticipated 13 And so that I initiated at a certain point 14 that the bottom line results would not change 14 between -- probably in 2018. 15 much. But when I came to actually drafting the 15 At the same time, and I'm not sure if text, I certainly used the previous report as a 16 16 this was after or before the statistical analyses 17 primary source for revising -- for -- for drafting 17 were started, I looked at the old draft. I 18 the new one. 18 reviewed what was there, what I thought were 19 Q You mentioned that you wanted to make 19 weaknesses in the way of expressing things or 20 some modifications because there were things in 20 things that could be brought to the report that 21 the 2016 report that were either not optimal or 21 would enhance the clarity or the force of the --22 were errors. 2.2 the exposition, and I started redrafting. So I'm 23 Were any of the modifications that you 23 not sure if that answers your question. 24 made done at the suggestion of plaintiffs' 24 Q Did you personally type the words that 25 counsel? 25 are contained in Exhibit 10? Page 71 Page 73 1 MS. PARFITT: Objection. 1 A All -- maybe all of them, and maybe 2 2 THE WITNESS: No. there were some paragraphs that I handwrote 3 BY MS. BRANSCOME: 3 because I was on a plane or a train, and when I 4 Q So any of the changes that you made 4 got back to the office, I asked someone to type up 5 between your 2016 report and the MDL report in 5 that paragraph or two. But basically it was done 6 2018, were those all at your own prompting? 6 by me. 7 7 O And did you save draft versions along A Yes. 8 MS. PARFITT: Objection. Form. 8 the way? 9 THE WITNESS: Yes. 9 MS. PARFITT: Objection. Form. 10 10 BY MS. BRANSCOME: THE WITNESS: Not really. Not --11 Q Did you work in the same computer file 11 certainly not systematically. I didn't see any 12 to draft the 2018 report from start to finish? 12 reason to save discarded versions of things. 13 MS. PARFITT: Objection. Form. 13 Yeah. 14 THE WITNESS: You're -- you're referring 14 BY MS. BRANSCOME: 15 to the text, not the statistical analyses, which 15 Q Did you conduct a new literature review 16 were done in a separate -- I mean, they -- they --16 in connection with the 2018 report? 17 the statistical analyses were based on the 17 A I knew that I had all of the literature 18 addendum that I presented to you, and those are 18 that was pertinent and published as of 2016. 19 kept on a FileMaker software, which is not on my 19 Updating what was available was partly done by 20 20 asking my research assistant to do a PubMed search personal computer, but that my assistant has 21 21 of anything new on the topic; asking the lawyers access to. 22 But as far as the text is concerned --22 if they had come across anything new in the past 23 yeah, I think it was the same computer, but I've 23 year; my own antenna of knowing a lot of 24 changed computers since then, so I'm just 24 epidemiologists and people who work in this area,

19 (Pages 70 to 73)

whether they are aware of anything. So sort of an

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hesitating because I'm trying to think of the time

Page 76 Page 74 informal updating process from many branches. 1 1 statistical analysis for your meta-analysis? 2 Q Did plaintiffs' counsel provide you with 2 A It's -- I think it's called 3 studies that had come out since you had generated 3 Meta-Analysis, but -- it's called Comprehensive 4 your 2016 report? 4 Meta-Analysis, Version 3. It's listed in my 5 A I think they sort of pointed me to a 5 report on page 34. 6 couple of things that I didn't have at the time. 6 Q And is that the only software that you 7 I think one was the Penninkilampi review. 7 used to perform the statistical analyses in your 8 We're talking about the epidemiology 8 report? 9 literature or everything? Because the 9 A It's the only software that I used to 10 epidemiology literature I was pretty much in 10 perform the meta-analyses. Are there any other -control of through my networks and my people and 11 I'm just trying to think if there are any other 11 12 12 analyses in the report besides meta-analyses or so on. 13 The stuff that I asked counsel to help 13 statistical. 14 14 with was identifying literature in the areas of There were a couple of studies, and I --15 toxicology, composition of talcum powder products, 15 I couldn't point them out just this minute, that 16 mechanistic research that would bear on the issue. 16 did not provide full information allowing -- that didn't provide full information on odds ratios or 17 So I asked them if they would provide me any new 17 18 data that they had available on those topics. 18 relative risks in a format that was useful for the 19 Q Do you consider yourself an expert in 19 meta-analysis. And -- but they did provide the 20 toxicology? 20 numbers of cases and controls who were exposed and 21 A No. I'm sufficiently familiar to be 21 unexposed. And that would typically -- I think in 22 able to integrate the expertise of -- of real 22 at least one instance, maybe two, but at least one 23 23 instance, there was a situation where they experts. 24 Q Do you consider yourself an expert on 24 provided odds ratio estimates in different 25 25 the composition of talc? categories of usage of talc or either different Page 75 Page 77 1 1 durations or different amounts used per day or 2 2 something like that, but didn't summarize that in Q And do you consider yourself an expert 3 3 on potential biological mechanisms of the an overall ever-used-it-at-all versus 4 development of ovarian cancer? 4 never-used-it, which was what I was looking to use 5 5 A No. in the meta-analysis. 6 6 Q Other than being aware of the opinions And I think in those -- in that 7 7 of others in those particular fields, are you instance, I did almost a hand calculation. 8 offering any expert opinions in toxicology, the 8 Because it's pretty straightforward how you do 9 composition of talc, or the biological mechanism 9 this, just re- -- picking the numbers in their 10 10 by which ovarian cancer may develop? tables and recalculating the overall odds ratio. 11 A I'm --11 But this is a few years ago, and I --12 MS. PARFITT: Objection. Form. 12 I -- I would have to go back and review that, but 13 13 Go ahead. it was -- I think in the other meta-analyses, 14 THE WITNESS: I'm -- I reviewed the Berge and Penninkilampi, which were carried out 14 15 information that I was provided, and I took note 15 completely independently of mine, and I didn't 16 of the types of evidence that are available in 16 know about theirs, I think they had to do 17 those domains, and I used it mainly in thinking 17 something similar and arrived at the same answers. 18 about biological plausibility of the association. 18 So -- but, no, I mean there was no -- no 19 It -- those areas of evidence did not in any way 19 other statistical package used. That kind of 20 influence my opinions about the strength and 20 calculation can be done by hand. 21 consistency and so on of the epidemiological 21 Q How would -- how would I, if I'm looking 22 evidence. 22 at your report, identify which studies you 23 BY MS. BRANSCOME: 23 actually calculated the odds ratio or relative 24 Q Did you -- oh, before I forget, what is 24 risk that you input into your meta-analyses?

A I -- I -- I'd have to look at it at

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the name of the software that you used to do the

	Page 78		Page 80
1	lunchtime, if you don't mind, and see if there was	1	from one to another was perfectly in line with
2	one.	2	what I would expect.
3	There was one. I don't know if that was	3	Furthermore, the results that we
4	retained in the end or if I'm sorry. It's	4	obtained are almost identical to the results that
5	Q When you say you don't know if a study	5	others have independently obtained doing
6	was retained in the end, are there studies that	6	meta-analyses on these topics using basically the
7	you considered including in your meta-analysis and	7	same studies. Sometimes the difference of
8	ultimately did not?	8	minor differences of which result from each study
9	A Only if they didn't provide evidence on	9	they selected, but basically the results are so
10	the relationship between talcum powder used in the	10	similar that I'm confident that there was no
11	perineal area and ovarian cancer.	11	glitch.
12	Q All right. If you wouldn't mind looking	12	Q Did you save the results of these
13	at that at lunch, we will come back	13	sensitivity analyses?
14	A Yes. Thank you.	14	A Do you mean the output from the computer
15	Q to that after the lunch break.	15	software for each one? Is that what you're
16	THE WITNESS: Someone make a note for	16	Q Is there any way from the materials that
17	me.	17	you have produced in connection with your report
18	BY MS. BRANSCOME:	18	for someone to replicate the sensitivity analyses
19	Q Did you	19	that you performed?
20	MS. PARFITT: Yes, a note.	20	MS. PARFITT: Objection. Form.
21	BY MS. BRANSCOME:	21	THE WITNESS: Well I reproduced in
22	Q Did you personally conduct the	22	the report a few plots of that come straight
23	meta-analysis that was performed as part of your	23	out of the program. So for those, it's absolutely
24	2018 report?	24	replicatable. Anybody can then go to the package
25	A No, I did not do the	25	and put punch in the same input, and they'll
	Page 70		Dago 91
	Page 79		Page 81
1	Q Who did that?	1	they'll get the same output. For the I didn't
2	A My student.	2	do that for every single sensitivity analysis,
3	Q And what is your student's name?	3	just for economy to save the reader the burden
4	A Mengting, M-E-N-G-T-I-N-G, Xu, X-U.	4	of that. But I'm pretty sure I'm pretty sure
5	Q And and what are is it Mr. or	5	that Mengting kept files of each of those
6	Dr. Xu?	6	onolycoc
7			analyses.
_	A It's she's a Ph.D. student at the	7	BY MS. BRANSCOME:
8	moment. She will be a doctor.	7 8	BY MS. BRANSCOME: Q Did anyone else you mentioned a
9	moment. She will be a doctor. Q What are her qualifications for	7 8 9	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed
9 10	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis?	7 8 9 10	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant?
9 10 11	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical	7 8 9 10 11	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30
9 10 11 12	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not	7 8 9 10 11 12	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic
9 10 11 12 13	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis	7 8 9 10 11 12 13	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles
9 10 11 12 13 14	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis specifically, but it's not rocket science to do	7 8 9 10 11 12 13 14	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles and do things necessary, like PubMed searches and
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9 10 11 12 13 14 15	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis specifically, but it's not rocket science to do that with a package like the one we have. Q Did you verify that the meta-analysis	7 8 9 10 11 12 13 14 15	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles and do things necessary, like PubMed searches and so on. So she while she was here she retired a year or so ago. While she was here, I
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9 10 11 12 13 14 15 16 17 18 19 20 21	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis specifically, but it's not rocket science to do that with a package like the one we have. Q Did you verify that the meta-analysis was performed correctly using the software? A I looked at the results in various ways to assure myself that everything looked good. By looking good, I mean that there was internal coherence, like she carried out many different	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles and do things necessary, like PubMed searches and so on. So she while she was here she retired a year or so ago. While she was here, I asked her to look at the ovarian cancer/talc thing, and she dug out some she found some articles for me. Q Is that Sally Campbell? A Yes, it is.
9 10 11 12 13 14 15 16 17 18 19 20 21 22	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis specifically, but it's not rocket science to do that with a package like the one we have. Q Did you verify that the meta-analysis was performed correctly using the software? A I looked at the results in various ways to assure myself that everything looked good. By looking good, I mean that there was internal coherence, like she carried out many different meta-analyses under different conditions and	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles and do things necessary, like PubMed searches and so on. So she while she was here she retired a year or so ago. While she was here, I asked her to look at the ovarian cancer/talc thing, and she dug out some she found some articles for me. Q Is that Sally Campbell? A Yes, it is. Q Okay. After Ms. Campbell retired, did
9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis specifically, but it's not rocket science to do that with a package like the one we have. Q Did you verify that the meta-analysis was performed correctly using the software? A I looked at the results in various ways to assure myself that everything looked good. By looking good, I mean that there was internal coherence, like she carried out many different meta-analyses under different conditions and not different conditions, but including some	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles and do things necessary, like PubMed searches and so on. So she while she was here she retired a year or so ago. While she was here, I asked her to look at the ovarian cancer/talc thing, and she dug out some she found some articles for me. Q Is that Sally Campbell? A Yes, it is. Q Okay. After Ms. Campbell retired, did anyone else help you perform literature searches?
9 10 11 12 13 14 15 16 17 18 19 20 21 22	moment. She will be a doctor. Q What are her qualifications for conducting a meta-analysis? A She is very skilled at statistical analyses and at at computer packages. I'm not sure if she's taken a course in meta-analysis specifically, but it's not rocket science to do that with a package like the one we have. Q Did you verify that the meta-analysis was performed correctly using the software? A I looked at the results in various ways to assure myself that everything looked good. By looking good, I mean that there was internal coherence, like she carried out many different meta-analyses under different conditions and	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MS. BRANSCOME: Q Did anyone else you mentioned a research assistant helped you with PubMed searches. Who was the research assistant? A She's a woman, who was with me for 30 years or so, who was basically the bibliographic expert in our team and helped people find articles and do things necessary, like PubMed searches and so on. So she while she was here she retired a year or so ago. While she was here, I asked her to look at the ovarian cancer/talc thing, and she dug out some she found some articles for me. Q Is that Sally Campbell? A Yes, it is. Q Okay. After Ms. Campbell retired, did

Page 82 Page 84 Q Okay. And you mentioned reviewing the 1 about, I would typically ask my student Mengting 2 to dig it out and print it for me. 2 materials that came out in connection with Health 3 3 Q So in addition to Ms. Campbell and Canada and the Taher manuscript, and we'll talk 4 Ms. Xu --4 about that in more detail, but did anything you 5 5 reviewed since the production of your 2018 report, A Xu, yes. 6 6 Q - did anyone else help prepare the has any of that changed your opinions or any of 7 materials that are in your 2018 report? 7 the information that is contained in your MDL 8 A Yes. So I have another research 8 report? 9 9 A It doesn't really change anything. I assistant who's been with me even longer than 10 10 Sally Campbell, who retired a month ago, and her would say that the Health Canada report reinforces 11 the notion that this issue is becoming a front 11 name is Lesley Richardson. And she set up and 12 maintained the database system in which we 12 burner issue for public health agencies. But 13 integrated all of the results that are in that 13 it -- since I didn't explicitly address that 14 question in my report, I would say it doesn't 14 addendum that I provided you, and that involved 15 15 reviewing each article and taking every single change anything that's in my report. 16 result and plugging it into this software. 16 Q Do you intend to offer expert opinions 17 Q Did Ms. Richardson exercise any of her 17 about the different positions of the different 18 own judgment in selecting which data to include in 18 public agencies and the relative importance of a 19 19 the meta-analyses? potential connection between talc and ovarian 20 A The instruction was to extract 20 cancer? 21 everything. Simple instructions can become 21 MS. PARFITT: Objection. Form. 22 difficult in operation. And some of the 22 THE WITNESS: Did I intend -- while 23 frustration in this area and some of the reason 23 writing my report, do you mean, to make -- no. I 24 why there is some variability in which studies and 24 don't think that those agencies and those 25 25 which results are included in different positions necessarily reflect the most up-to-date Page 83 Page 85 1 meta-analyses occur because authors are sometimes 1 science, and I think the most up-to-date science 2 2 cryptic about what they say about their data and is in the science community through publications 3 3 their results. And specifically things like what and so on, and public health policies tend to lag 4 kind of talc use a certain table describes is not 4 behind scientific knowledge. 5 5 always perfectly clear. BY MS. BRANSCOME: 6 And so she would need to make a judgment 6 Q Are there instances where public health 7 7 sometimes as to whether this result pertained to policies are more conservative than the scientific 8 all use of talc in the perineal area or only 8 literature out of sort of a principle of 9 powdering, excluding sanitary napkins or other --9 precaution? 10 sometimes it -- there's ambiguity in the write-up 10 MS. PARFITT: Objection. Form. 11 of these things that therefore requires --11 THE WITNESS: Sorry, I'm not sure I 12 required some judgment on her part. And several 12 understand the question. 13 of these things she would ask my opinion about, 13 BY MS. BRANSCOME: 14 and we would discuss it and say, Well, it looks 14 Sure. 15 like this or it looks like that, and let's go with 15 Are there examples where the public 16 this interpretation. 16 health policy is actually, for instance, more 17 Q Okay. And at the end of the day, 17 protective than the science might support because 18 despite receiving help from others in developing 18 the public health agency is exercising an 19 your 2018 report, do you personally stand behind 19 abundance of caution? 20 everything that is in the report? 20 MS. PARFITT: Objection. Form. 21 A Yes. Barring more typos. I know that 21 THE WITNESS: I -- I believe so. I 22 every time I look at anything I've ever written 22 mean, I've not done any kind of survey of how 23 or, you know, things that are expressed not in the 23 public health policy in, you know, Sweden over 24 most clear way. But, yes, I stand behind 24 Argentina or everywhere -- you're talking about 25 25 everything. generally in the world public health or are you

	Page 86		Page 88
1	talking about United States or but I I	1	A So, yeah, yeah.
2	imagine there are instances like that, and I think	2	Q Dr. Siemiatycki, is how how do you
3	there is a strand in public health to be	3	maintain all of the documents that are listed in
4	precautionary in developing policies. But I'm not	4	your reference section? Do you main hard copies?
5	sure it's universal. I just don't know.	5	Do you keep electronic copies?
6	BY MS. BRANSCOME:	6	A It's a bit of a mix and match of
7	Q You have a References section in your	7	electronic and hard copies. And these are all the
8	report. It begins at page 109, if you need to	8	materials that were collected over the years, you
9	refer to it.	9	know, I would say from the beginning of my
10	How did you maintain all of the	10	involvement in the previous trial and so on, that
11	documents that are identified under that list?	11	concern talc and ovarian cancer, including
12	It's quite voluminous.	12	materials that were provided by the lawyers and
13	A So let me	13	materials that we found.
14	Q And by that, I mean did you keep hard	14	I prefer to work with paper I prefer
15	copies? Do you keep electronic copies?	15	to read paper, but at a certain point, that gets
16	A Okay. So the first thing I'll point out	16	overwhelming, and the material I can't tell you
17	is that I deliberately didn't call it a reference	17	
18	section. You'll see that it's called a	18	right now for sure that everything here is that
19	Bibliography.		I have it electronically in a file or that I have
20	Q Could you turn to page 109 in your	19	it in paper.
21	report.	20	Q There are different sections of your
22	A That that's where I am.	21	References section. You have Bibliography Part A,
23	Q Could you turn to the page right before	22	B, so on and so forth. Who made the decision of
24	that.	23	which articles or documents fell into which of
25	A Oh. Ah, yes, I see that.	24	the of each category?
		25	A I I guess I made it, but it was
	Page 87		- 00
			Page 89
1	Q What is the page you have that as	1	pretty self-evident. The material in Part A is
1 2	Q What is the page you have that as page 108?	1 2	
			pretty self-evident. The material in Part A is
2	page 108?	2	pretty self-evident. The material in Part A is material that is generally publicly available.
2	page 108? A Yes, I have that page with the word	2 3	pretty self-evident. The material in Part A is material that is generally publicly available. It's easy to identify that. And the materials in
2 3 4	page 108? A Yes, I have that page with the word "References" on page 108. Section 16.	2 3 4	pretty self-evident. The material in Part A is material that is generally publicly available. It's easy to identify that. And the materials in Part B is material that is not publicly available. And all of that came from the lawyers, I think.
2 3 4 5	page 108? A Yes, I have that page with the word "References" on page 108. Section 16. Q Perhaps we could check at the break. My	2 3 4 5	pretty self-evident. The material in Part A is material that is generally publicly available. It's easy to identify that. And the materials in Part B is material that is not publicly available.
2 3 4 5 6	page 108? A Yes, I have that page with the word "References" on page 108. Section 16. Q Perhaps we could check at the break. My page numbering got off of yours at some point. A Okay.	2 3 4 5 6	pretty self-evident. The material in Part A is material that is generally publicly available. It's easy to identify that. And the materials in Part B is material that is not publicly available. And all of that came from the lawyers, I think. Q So that was going to be one of my questions. Did all of the materials identified in
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	page 108? A Yes, I have that page with the word "References" on page 108. Section 16. Q Perhaps we could check at the break. My page numbering got off of yours at some point. A Okay. Q But in any event, you do have a Section 16 that's titled "References," correct? A Yes. Yes, I do. I do. Okay. My — my conscious volition was to call this a bibliography, and the word "references" got in — into the heading of this section. And the reason for that distinction is that I have not — not everything that is listed is referred to in the text of my report. So technically speaking, a reference section should be those materials that you refer to in your report. And this is not what I have here. And that's why I — consciously I wanted to call this a bibliography, and somehow the word "references"	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	pretty self-evident. The material in Part A is material that is generally publicly available. It's easy to identify that. And the materials in Part B is material that is not publicly available. And all of that came from the lawyers, I think. Q So that was going to be one of my questions. Did all of the materials identified in Bibliography Part B come to you from plaintiffs' counsel? A Okay. So let me look through this quickly. MS. PARFITT: Mm-hmm. Go ahead. THE WITNESS: (Peruses document.) I think so. I I think all of it came from plaintiffs' counsel. BY MS. BRANSCOME: Q I'm not going to ask you about all of these, but I noticed on page, at least in my copy, 135, maybe 134 on yours, there's reference to the Berg v. Johnson & Johnson case. Do you see that? A Yes, I see that.

23 (Pages 86 to 89)

Page 90 Page 92 1 at the final jury instructions, judgment, and 1 informative of your opinions? 2 verdict form from the Berg case? 2 A No. There's no way for anyone else to 3 3 A I'm not sure. I relied on plaintiffs' know that. 4 counsel to decide what they thought it would be 4 Q Okay. Did you ask plaintiffs' counsel 5 5 pertinent for me to be aware of. So these were for specific company documents, using that term 6 documents that they thought would be pertinent for 6 loosely, to refer to documents that are kept 7 me to -- to be aware of, and I can't say why, and 7 internally within the various companies at issue 8 I don't remember -- frankly, I don't remember 8 in this litigation? 9 9 A I asked to be sent any information they these documents. 10 Q As a scientist, do you typically 10 had about the composition of talcum powder 11 consider jury instructions in forming an opinion 11 products, historically as well as currently, but 12 with respect to risk of the use of a product in 12 actually mainly historic -- I was mainly 13 13 interested to know what was the history of the epidemiology? 14 14 MS. PARFITT: Objection. composition of talcum powder products. 15 THE WITNESS: Outside of a legal -- no, 15 And so many of these materials that they 16 16 we wouldn't have access to it or -- no, it never sent me -- and I can't tell you which ones because 17 17 comes up. I don't identify them with these obscure numbers, 18 18 BY MS. BRANSCOME: they don't mean anything to me -- but some of them 19 Q As you sit here today, can you come up 19 dealt with internal company documents or internal 20 with any reason why the jury instructions in a 20 reports that discussed different types of talc --21 case would be relevant to you in evaluating the 21 of powdering products, whether talc products or 22 question you were asked to answer, which is 22 cornstarch products in different eras, when they 23 whether or not there is a risk of ovarian cancer 23 started and when, what the market share was in 24 24 from the perineal use of talc? different eras. So I was interested in that to 25 25 MS. PARFITT: Objection. Form. get a sense of what were the women exposed to who Page 91 Page 93 1 THE WITNESS: You're asking me to 1 were part of these epidemiologic studies. 2 2 speculate as to why plaintiffs' counsel would have Q Do you rely on any of the information 3 sent this to me? 3 that you obtained from documents in Part B of your 4 BY MS. BRANSCOME: 4 reference list as a basis for forming your expert 5 Q I'm asking --5 opinion in the MDL? 6 A Is that what you're asking? 6 A No. No. 7 Q I'm asking if you, as the scientist 7 Q Have you viewed any of the deposition 8 whose name is on this expert report, can you think 8 transcripts of the depositions that have been 9 of any reason why that would be informative to you 9 taken in the MDL? 10 10 as a scientist? A I have looked at a few of them. 11 A If I had it in front of me, I might 11 O And which deposition transcripts have 12 recognize something in there that would make it 12 vou reviewed? 13 13 relevant. But I -- I don't know what is typically A Plunkett, McTiernan, is it? And Singh. 14 14 in such jury instructions. I don't know how --Not fully -- not the entire transcripts, but 15 15 what the sweep is of those things. I'm just not portions thereof. Blount. I've seen excerpts 16 sure. So I -- I can't answer the question. 16 from, is it, Hopkins? And a table from Pier, but 17 Q As you sit here today, do you recall 17 not the full text. I didn't review the full text 18 reading the final jury instructions from Berg --18 -- transcript. There may be one or two more, and 19 A I don't --19 I can't recall right now. 20 Q -- v. Johnson & Johnson? 20 Q Okay. Focussing specifically on the 21 21 expert deposition transcripts from the MDL, did A I don't actually recall reading it. 22 Q Okay. So is there any way for someone 22 you ask specifically for Drs. Plunkett, McTiernan 23 reviewing your report to identify within the 23 and Singh's deposition transcripts? 24 24 reference section, Part B, which of these A I didn't know who the other experts 25 documents you, Dr. Siemiatycki, found relevant and 25 were, so I didn't ask for them by name. And I

24 (Pages 90 to 93)

	Page 94		Page 96
1	think that I asked if they could share with me	1	I specifically asked at some point to be provided
2	transcripts of depositions and reports. So I also	2	with information that would inform on the presence
3	had some of the reports from those experts. I'm	3	of asbestos fibers in talcum powder products.
4	not sure I had all of them but at least some of	4	BY MS. BRANSCOME:
5	them.	5	Q Did you review that material before
6	Q Well, what materials had you reviewed	6	completing your MDL report?
7	with respect to other experts in the MDL before	7	MS. PARFITT: Do you understand the
8	you completed your report that we've marked as	8	question?
9	Exhibit 10?	9	THE WITNESS: Yeah.
10	A None. All of what I've just described	10	Yes, I think I did look at that before
11	was after I completed my report.	11 12	completing my report. BY MS. BRANSCOME:
12	Q Did you rely on the work or opinions of		
13 14	any other expert witnesses in forming your own opinions in the MDL?	13 14	Q When you say the asbestos is an issue
15	A No, I don't think I did.	15	that has come up in the last few months, what do you mean by that?
16	Q So understanding that more depositions	16	A Well, my understanding back in 2016,
17	have been taken than just Drs. Plunkett, McTiernan	17	'17, was that while asbestos had been detected in
18	and Singh, what specifically was your request to	18	talcum powder products as far back as the '70s
19	plaintiffs' counsel for which deposition	19	1970s, there was an industry directive or promise
20	transcripts you would like to see?	20	or instruction that they would somehow get rid of
21	MS. PARFITT: Objection. Asked and	21	the problem of asbestos contamination.
22	answered, form.	22	Q And what was your basis for that
23	THE WITNESS: I'm not sure if my request	23	understanding?
24	was to see the ones that they thought were most	24	A I guess things I've read, and possibly
25	relevant to to me or whether I specifically	25	in some of the company documents, possibly in
	Page 95		Page 97
1	said the epidemiology ones, but I think probably	1	publications. I think there have been various
2	the former, because they sent me, for example,		
3		2	publications that have said so that have and I
	Dr. Plunkett, who is not an epidemiologist. Yeah.	3	can't right now point to those, but that for the
4	Dr. Plunkett, who is not an epidemiologist. Yeah. BY MS. BRANSCOME:	3 4	can't right now point to those, but that for the last 10 or 20 years have said that asbestos
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Page 98 Page 100 1 fall of 2018, I specifically asked counsel to 1 of the investigators. I know many of the people 2 2 in the area that I work in, and I can -- often provide me with other information that they had, 3 3 and I made a point of saying, you know, Are there have a gut feeling about the quality of their 4 studies that contradict these -- is there evidence 4 5 5 that contradicts these evidence -- these claims of Q Do you know anything about Dr. Longo's 6 asbestos contamination? And they sent me some 6 qualifications such that you could render an 7 material at that point. 7 opinion about the quality of his work? 8 8 A It's in a different area than mine, so Q Okay. The work that Dr. Longo had 9 9 conducted with respect to analyzing talcum powder the answer is I -- I couldn't render an opinion 10 10 products, to your knowledge, has that ever been about it 11 11 published? Q When you asked for evidence that might 12 A I'm not sure. I -- to my knowledge, no, 12 contradict the work that Dr. Longo had done in 13 13 connection with litigation, what specifically were but maybe it has been. I don't know. 14 14 Q Okay. What were you -- when you you provided by plaintiffs' counsel? 15 referred to the study that Dr. Longo conducted, 15 A I'm sorry, without digging around and 16 what -- are you referring to the work that he has 16 looking at e-mail exchanges, offhand I can't tell 17 done in connection with litigation on behalf of 17 you. I was provided with a batch of -- of 18 18 documents. I can't remember how many were on one plaintiffs' counsel? 19 19 A I'm referring to a few reports that I side or the other side. I remember there -- well, 20 think are dated or -- not -- 2017, 2018. I guess 20 in my report I refer to a few pieces of evidence 21 they're connected to litigation, but I'm -- I'm 21 that -- yes. So -- can I -- well, on page 30 in 22 not absolutely certain of that. But those are --2.2 my copy --23 that's what I'm referring to. 23 Q Okay. 24 24 MS. PARFITT: Why don't you give the Q Separate and apart from your role as an 25 25 expert witness, when you're evaluating a category, the title. Page 99 Page 101 1 scientific question, do you typically consult 1 THE WITNESS: Oh, the -- so it's in 2 2 expert reports that are generated for purposes of Section 5.3.2, "What were women exposed to in body 3 litigation? 3 powders?" 4 MS. PARFITT: Objection. Form. 4 BY MS. BRANSCOME: 5 THE WITNESS: I would -- if I had 5 Q Were you provided, for example, with the 6 access -- I mean, usually we don't know about such 6 expert reports generated by the expert retained by 7 7 reports if we're not in the litigation process. Johnson & Johnson and Imerys to rebut Dr. Longo's 8 So it's a hypothetical question, I guess. It --8 report? 9 it just doesn't come up in reality that I would be 9 A Can you give me the author's name or --10 10 Q Sure. Were you provided any reports by looking at carcinogenicity of diesel engine 11 emissions, and I would have access to reports 11 Dr. Matthew Sanchez? 12 produced in litigation that are not published. 12 A I don't recall. I don't recall that. 13 13 I -- I don't know that I -- I wouldn't have access Q Are you offering an expert opinion about 14 14 to such information unless I was part of the the contents of any of the talcum powder products 15 15 sold or manufactured by Johnson & Johnson? litigation. But... 16 BY MS. BRANSCOME: 16 A I only take note of what has been 17 Q Okay. When you're evaluating scientific 17 provided in the various documents I have access 18 literature, do you place a different amount of 18 19 weight on a study that has been peer reviewed as 19 O What does that mean? 20 compared to one that has not? 20 A It means -- can I read the sentence? 21 21 Basically, I think it summarizes what I mean. And A Yes, it's one of the considerations. 2.2 Q Okay. And --22 I'll start -- so I'll start on the sentence that 23 A There -- there are many considerations 23 on my copy is on the bottom of page 29, still in 24 that I weigh, including my knowledge of and 24 that Section 5.3.2. 25 25 evaluation of the skill and reputation and quality "So representatives of the industry have

	Page 102		Page 104
1	claimed that talcum powders were free of asbestos	1	and answered.
2	fibers since the 1980s" and there are a couple	2	THE WITNESS: You know, I would say the
3	of references there	3	sentences that I read summarize my opinion on that
4	MS. PARFITT: Read them.	4	question.
5	THE WITNESS: "Hopkins 2018, Pier 2018.	5	BY MS. BRANSCOME:
6	"but this assertion has increasingly	6	Q So in your opinion, is it is it a
7	come under doubt as a number of labs have reported	7	question for debate in the scientific community at
8	finding asbestos fibers in talcum powder	8	the moment?
9	products." And it references Blount, '91;	9	MS. PARFITT: Objection. Form.
10	Paoletti, '84; Gordon, 2014; Longo, et al., 2017	10	Misstates his testimony.
11	and 2018; Blount deposition, 2018; Pier	11	THE WITNESS: It's not an area in which
12	deposition, 2018.	12	I feel confident to pronounce that the issue has
13	"These various studies that have	13	been resolved or not.
14	reported finding asbestos in historic talcum	14	MS. BRANSCOME: Is now a good time for a
15	powder samples have been challenged by other	15	break? I don't now how long
16	reports that failed to find meaningful amounts of	16	MR. TISI: We've been going about an
17	asbestos in historic talcum powder samples." And	17	hour and 25 minutes.
18	the two citations are CIR 2013 and Anderson 2017.	18	MS. PARFITT: We have lunch at 1:00, and
19	BY MS. BRANSCOME:	19	I don't think it's here.
20	Q So what I'm trying to understand,	20	(A discussion was held off the record.)
21	Dr. Siemiatycki, is what role this information	21	MS. BRANSCOME: We can go off the
22	plays in your opinions, if any.	22	record.
23	A Not much. You know, I would say that	23	THE VIDEOGRAPHER: This ends disc number
24	the my opinions about the association are	24	in the deposition of Jack Siemiatycki. We're
25	driven by the strength and consistency of the	25	going off the record at 12:42 p.m.
	Page 103		Page 105
1	epidemiologic evidence. And this information	1	(Lunch recess.)
2	about asbestos contamination of talcum powder	2	THE VIDEOGRAPHER: This begins disc
			THE VIDEOGRAFIER. THIS DEGILS GISC
3	products would be capable of moving the dial in		
3 4	products would be capable of moving the dial in the direction of increasing my belief that there	3 4	number 3 in the deposition of Jack Siemiatycki.
	the direction of increasing my belief that there	3	
4	the direction of increasing my belief that there is a causal assoc a causal relationship, if it	3 4	number 3 in the deposition of Jack Siemiatycki. We're going back on the record at 1:46 p.m. BY MS. BRANSCOME:
4 5	the direction of increasing my belief that there is a causal assoc- — a causal relationship, if it is demonstrated that there were in fact asbestos	3 4 5	number 3 in the deposition of Jack Siemiatycki. We're going back on the record at 1:46 p.m. BY MS. BRANSCOME: Q Good afternoon, Dr. Siemiatycki.
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27 (Pages 102 to 105)

Page 106 Page 108 1 A I think it was the Epidemiology section think what it is, we've got the signature page on 2 and maybe the Statistics section. 2 the one report, and then the one he has in his 3 Q All right. During the break, you were 3 binder appears to not have a signature page on it, 4 also going to check which of the epidemiological 4 and the font seems to be -- when the signature 5 studies that you included in your meta-analysis. 5 page was put in, the font was slightly larger, 6 Did you or someone at your direction 6 which sort of throws off the page numbers. Same 7 independently calculate an odds ratio or relative 7 report. 8 risk figure that was not published in the report 8 MS. BRANSCOME: So what I would --9 itself? 9 MS. PARFITT: Single --10 A Sorry, what? That was not published in 10 MS. BRANSCOME: -- request so that we 11 the original report. So I'm not sure. The answer 11 keep the record clean going forward and not every 12 is in the time I had available, I couldn't really 12 question has to say page 108 in mine and page 107 13 identify anything like that, and I'm not sure if 13 in your copy is that we actually mark the version 14 that occurred at all, and it -- the impact of 14 of the report that has been produced to us as 15 that, if -- if it had occurred, would have been 15 Exhibit 11 - well, let me just, Ms. Parfitt, 16 negligible. 16 would you be comfortable marking his copy as 17 Q If --17 Exhibit 11 and switching them and putting the new A It would have meant -- I'm sorry. It 18 18 clean copy as Exhibit 10? I'm only thinking that 19 would have meant that most likely I added -- I put 19 there are many prior questions --20 together a two-by-two table by aggregating across 20 MS. PARFITT: Sure, I'm fine with that. 21 two or three or four levels of exposure. If -- if 21 MS. BRANSCOME: -- that refer to his 22 it had happened, I think that's what would have 2.2 report --23 happened. And the impact of that would be to 23 MS. PARFITT: As long as his --24 produce an odds ratio estimate that is not 24 MS. BRANSCOME: -- as Exhibit 10. 25 adjusted for the covariates that they adjusted for 25 MS. PARFITT: Yeah, and just so the Page 107 Page 109 1 in their analysis by the categories of dose or 1 record is clear, and what appears to have happened 2 2 whatever they adjusted for. is there was a signature page that was put on the 3 3 Q Is there any way by examining your 2018 report to represent the matter was filed in the 4 report and the addendum that an outside reader 4 United States District Court, the District of New 5 5 could determine which studies, if any, were Jersey, in light of the prior report that was in a 6 6 subject to this independent calculation? state court, and that has thrown off not only the 7 7 A So the one thing I didn't check during page numbers but I think even it might have been a 8 the break was whether there's a note in the 8 different font. 9 addendum, and it would take me a while, I'd have 9 Sure, so we will put on --10 10 to go through each study and see if there's any THE WITNESS: So do you want to modify 11 notation in the margin that would indicate that 11 12 this was done. So I -- I -- I'm not sure of the 12 MS. PARFITT: Sure. I think what we're 13 13 going to do is the one that Dr. Siemiatycki has answer to your question. 14 14 Q If an adjustment like that or an brought will be now Exhibit 11, and the one that's 15 independent calculation had been done, would it be 15 in -- on the thumb drive and --16 your expectation that a notation would have been 16 MS. BRANSCOME: It is tab 3 in the 17 made in the addendum? 17 binder in front of you will be the correct 18 A Yes. Yes. 18 Exhibit 10. 19 Q All right. Did you look at anything 19 MS. PARFITT: And this will be 20 else over the lunch break? 20 Exhibit 11. 21 A Well, we looked to see -- the page --21 MR. TISI: And Exhibit 11 will be his 22 pagination discrepancy between the different 22 copy, the one that he brought. 23 versions, and I think Ms. Parfitt could fill you 23 MS. PARFITT: And this will be 3 - 3, 24 in on -- or maybe she has. I don't know. 24 25 25 MS. PARFITT: No. No, I haven't. I MS. BRANSCOME: 11 -- I mean 10. It's

28 (Pages 106 to 109)

	Page 110		Page 112
1	tab 3.	1	would like to make at this time?
2	MS. PARFITT: 11 10. Tab 3, correct.	2	A Yes. I'd like to make one oh, yes.
3	(Exhibit No. 11 was marked for	3	Well, page 72 in this version.
4	identification.)	4	MS. PARFITT: Just refer to the exhibit
5	BY MS. BRANSCOME:	5	number, so 11.
6	Q So, Dr. Siemiatycki, can you confirm	6	THE WITNESS: Exhibit 11, page 72,
7	that Exhibit 10 is a complete copy of your report	7	Table 2. Table 2 of the report.
8	that was submitted in the MDL? It is a clean copy	8	BY MS. BRANSCOME:
9	and does not contain any annotations.	9	Q What is the correction you would like to
10	A Yes.	10	make?
11	Q Can you also confirm that what we have	11	A The correction is there's a column
12	now marked as Exhibit 11 is the copy of your MDL	12	called "Included in main meta-analysis," and I
13	report that you brought with you here today? It	13	think in your copy, as in mine in this version,
14	does contain handwritten annotations and the page	14	there are a bunch of question marks. In the
15	numbers are just slightly misaligned.	15	original Word document that I submitted, these
16	A Yes.	16	were not question marks. They were tick marks,
17	Q Okay. So if you could, in Exhibit	17	checkmarks. And somehow in the translation of
18	oh, there was one other	18	Word to PDF, this the tick mark the tick
19	A There was one other, and and there's	19	marks got changed to these funny little question
20	another yet another one that I a correction	20	marks. So they should all be tick marks.
21	to be made, a small one.	21	Q Are there any other corrections you
22	So do you want to point out what that	22	would like to make to your report?
23	Q Yes. So, Dr. Siemiatycki, do you have	23	A Not that I'm aware of at this time.
24	any corrections that you would like to make to	24	Q Okay. So if you could turn to
25	your report at this time?	25	Exhibit 10 which is in front of you there if
	Page 111		Page 113
1	Page 111 A So the one outstanding one that we had	1	Page 113 you could turn to your Conclusion section. It
1 2		1 2	
	A So the one outstanding one that we had	1	you could turn to your Conclusion section. It
2	A So the one outstanding one that we had highlighted or we've gone through the three of	2	you could turn to your Conclusion section. It should be on page 69.
2	A So the one outstanding one that we had highlighted or we've gone through the three of them.	2 3	you could turn to your Conclusion section. It should be on page 69. A Yes.
2 3 4	A So the one outstanding one that we had highlighted or we've gone through the three of them. MS. PARFITT: 45.	2 3 4	you could turn to your Conclusion section. It should be on page 69. A Yes. Q You state in the second paragraph below
2 3 4 5	A So the one outstanding one that we had highlighted or we've gone through the three of them. MS. PARFITT: 45. THE WITNESS: Have we	2 3 4 5	you could turn to your Conclusion section. It should be on page 69. A Yes. Q You state in the second paragraph below the Conclusion section that: "Based on the
2 3 4 5 6	A So the one outstanding one that we had highlighted or we've gone through the three of them. MS. PARFITT: 45. THE WITNESS: Have we MS. PARFITT: No, 45. Page	2 3 4 5 6	you could turn to your Conclusion section. It should be on page 69. A Yes. Q You state in the second paragraph below the Conclusion section that: "Based on the totality of the evidence, it is my opinion to a reasonable degree of scientific certainty that the perineal use of talcum powder products can cause
2 3 4 5 6 7	A So the one outstanding one that we had highlighted or we've gone through the three of them. MS. PARFITT: 45. THE WITNESS: Have we MS. PARFITT: No, 45. Page MR. TISI: No, 47. 45.	2 3 4 5 6 7	you could turn to your Conclusion section. It should be on page 69. A Yes. Q You state in the second paragraph below the Conclusion section that: "Based on the totality of the evidence, it is my opinion to a reasonable degree of scientific certainty that the
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2 3 4 5 6 7 8 9 10 11	A So the one outstanding one that we had highlighted or we've gone through the three of them. MS. PARFITT: 45. THE WITNESS: Have we MS. PARFITT: No, 45. Page MR. TISI: No, 47. 45. MS. PARFITT: Page 45. Excuse me, it's 47. THE WITNESS: Oh, yes, that the question of whether that sentence should refer to Berge or Terry on that page. It's Berge 2018, not	2 3 4 5 6 7 8 9 10 11	you could turn to your Conclusion section. It should be on page 69. A Yes. Q You state in the second paragraph below the Conclusion section that: "Based on the totality of the evidence, it is my opinion to a reasonable degree of scientific certainty that the perineal use of talcum powder products can cause ovarian cancer." First, did I read that correctly? A Yes, you did. Q Does that conclusion accurately
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Page 116 Page 114 1 expert opinions in the legal cases that I've seen, 1 that exists today enable a scientist to parse that 2 and I inferred that it's a -- a formula that is 2 out? 3 3 de rigueur in legal communications for this sort MS. PARFITT: Objection. Form. 4 of thing. 4 THE WITNESS: I'm not sure I understand 5 Q When you say "to a reasonable degree of 5 the premise of the question, the "if" part. 6 6 scientific certainty," what do you mean by that BY MS. BRANSCOME: 7 phrase? 7 Q Okay. So if the biological mechanism by 8 A So my -- you know, I think somewhere 8 which a talcum powder product can cause ovarian 9 9 else in the document, I -- I phrase it in a way cancer is because of a particular contaminant in 10 10 that I'm comfortable with, which is a way that that talcum powder product, but that contaminant 11 11 also is sort of derivative from my understanding does not exist in all talcum powder products, 12 of legal jargon and precedence. I think that it's 12 would the epidemiological evidence that exists 13 more likely than not that there is a causal 13 today allow you to see that distinction? 14 14 MS. PARFITT: Objection. Form. relationship. 15 Q You anticipated where I was going with 15 THE WITNESS: The epidemiologic evidence 16 my question. Do those two sentences mean anything 16 as -- as it exists today would not allow one to 17 different to you? 17 parse out anything about the particular 18 18 manufacturer, the particular product, if I A No. 19 19 Q What is your understanding of "more understand your question correctly. 20 likely than not"? 20 BY MS. BRANSCOME: 21 A From a strictly mathematical point of 21 Q And so therefore, the epidemiological 22 view, it implies that I feel that there's greater 2.2 evidence as it exists today does not have a level 23 than 50 percent probability that this thesis is 23 of detail by which someone reviewing that data 24 true. And I wouldn't put a more quantitative 24 could determine if there were different 25 25 meaning onto it. contaminants present in different talcum powder Page 115 Page 117 1 Q Is your opinion that perineal use of 1 products that were used by individuals who 2 2 talcum powder products can cause ovarian cancer, developed ovarian cancer --3 3 is it specific to a single brand or manufacturer MS. PARFITT: Objection. Form. 4 of talcum powder? 4 BY MS. BRANSCOME: 5 5 A No, it isn't. Q -- correct? 6 6 Q Why not? MS. PARFITT: Objection. Form. 7 7 A Because as I understand it, the THE WITNESS: May I read the --8 epidemiologic evidence that supports the thesis of 8 MS. PARFITT: Yes, you can. 9 a causal relationship is derived from evidence 9 BY MS. BRANSCOME: 10 10 among women who used all types of talcum powder O Of course. 11 products that were available in their consumer 11 A Just to make sure I understand. 12 area of purchase of these products. And whatever 12 (Peruses document.) 13 13 was the frequency distribution of different So I -- I don't think that the 14 14 manufacturers and types of powdering that were epidemiological evidence would allow you to attribute causality to a specific type or -- or 15 available in the consumer -- various consumer 15 16 markets were the types that lead to the overall 16 not. If one knew -- if part of your hypothetical 17 inference about causality, and there's no way for 17 is the knowledge of what the constituents were of 18 me to parse out which particular manufacturer 18 different products used in different markets, and 19 would have been more or less responsible for any 19 the biological mechanism has been established to a 20 of this. 20 high degree of certainty, there might be some room 21 Q If in fact, and we're just talking 21 for making inferences about this. But that seems 22 hypothetically, the biological mechanism by which 22 like a tenuous possibility. 23 some talcum powder products can cause ovarian 23 Q But you agree that the current 24 cancer is related to a contaminant in that talcum 24 epidemiological evidence as it exists does not 25 25 powder product, does the epidemiological evidence enable someone to distinguish between brands of

Page 120 Page 118 1 cosmetic talc products, for example? 1 ovarian cancer in that area, it would be 2 MS. PARFITT: Objection. Form. 2 improbable that the product of that company were 3 THE WITNESS: I don't think it does. 3 not part of the responsibility, but one of the 4 BY MS. BRANSCOME: 4 companies that produced 5 or 10 percent of the 5 Q Does -- is your opinion that perineal 5 market share. 6 use of talcum powder products can cause ovarian 6 BY MS. BRANSCOME: 7 cancer, is that limited to talcum powder products 7 Q Okay. But as you sit here today, based 8 manufactured during a certain time period? 8 on the analysis that you have done, you are not 9 A The evidence as it exists today pertains 9 able to draw an opinion specifically about an 10 to products manufactured over half a century, 10 increased risk of ovarian cancer that is tied to a 11 roughly speaking, so I don't think that there's 11 particular brand or a particular time period, 12 any way to link it to products manufactured in a 12 correct? 13 particular time period. 13 MS. PARFITT: Objection. Form. 14 In -- in answer to that question, 14 THE WITNESS: That's correct, in part 15 actually, and to the previous one, hypothetically, 15 because I don't have data on market share at 16 one might imagine looking at the different 16 different times and in different places. 17 study -- the 30-odd studies that have been carried 17 BY MS. BRANSCOME: 18 out in different communities and different cities 18 Q Okay. In forming your opinion that 19 and different countries, and if one could obtain 19 perineal talc use can cause ovarian cancer, did 20 reliable, reasonably precise and time relevant 20 you reach an opinion about how much talcum powder 21 information on market shares of products in 21 is needed to cause ovarian cancer? 22 different markets at different times, that could 2.2 A No. 23 give a first approximation of whether certain 23 Q Is there an amount of talcum powder that 24 company products are more closely linked to the 24 can be used perineally without increasing a risk 25 excesses that are seen in the epidemiological 25 for ovarian cancer? Page 119 Page 121 1 studies. 1 A So let me go back to the previous 2 2 Q The application, though, of a market question, and clarify what do you mean by amount? 3 3 share analysis to the users of talcum powder Do you mean like the amount in grams? The amount 4 products, if you're looking at causality, would 4 in number of applications? The amount in number 5 5 require that the individuals who developed ovarian of day -- days on which the powder is applied? 6 cancer had purchased their talcum powder according 6 These are all different metrics of exposure, and 7 7 to the market share, correct? the answer might depend on what kind of -- you 8 MS. PARFITT: Objection. Form. 8 know, we're starting with these studies. There 9 THE WITNESS: Approximately, yes. 9 are now some hints about the dose-response 10 10 BY MS. BRANSCOME: relationship and what kind of levels of exposure 11 Q So, for example, if one type of talcum 11 in terms of number of applications in use, 12 powder product or one time period of talcum powder 12 observable excess risks. 13 product is the only type that actually causes 13 Q So let me ask it this way: Did you ovarian cancer, so all of the positives were 14 14 calculate how much talcum powder is needed to 15 derived from those users, you -- you could not 15 cause ovarian cancer in any of the forms, be it 16 determine that simply by applying market share, 16 frequency of application, the amount in grams that 17 for example? 17 was used? 18 MS. PARFITT: Objection. Form. 18 A I --19 THE WITNESS: That -- that's true, 19 MS. PARFITT: Objection. Form. 20 except in the circumstance that market share were 20 THE WITNESS: I did not carry out such a 21 very, very high in most of the communities that 21 calculation. I'm -- my emphasis was on 22 have been investigated. So if one company 22 determining whether there's a dose-response 23 produced 90 percent or 85 percent or something of 23 relationship. Going beyond that might involve 24 the product in a certain area -- that was consumed 24 trying to quantify the dose-response relationship

to the extent of determining what the shape of

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in a certain area, and there's an excess risk of

Page 122 Page 124 1 such a relationship is and how the curve looks, ovarian cancer, is that the question? Almost. 2 whether there's a threshold effect, and so on. 2 But the one qualification I would make in 3 But I don't think there's enough data now to be 3 answering that question is that I have a colleague 4 able to make such estimates. 4 who started working with -- in my academic 5 BY MS. BRANSCOME: 5 department about 12 years ago, and she was 6 Q Can you rule out the possibility that 6 interested in ovarian cancer as a topic of 7 there is a threshold below which perineal use of 7 research, and she wanted to organize a case-8 talc presents no risk of ovary -- of ovarian 8 control study of ovarian cancer in relation to 9 cancer? 9 various factors, and she asked me to kind of 10 MS. PARFITT: Objection. Form. 10 mentor her -- she was just starting out -- mentor 11 THE WITNESS: No, I -- I don't think --11 her in getting grants, in setting up the study, 12 I can't, and I don't think it's possible to do 12 and this sort of thing, and this is what I did 13 that with most carcinogens. It's -- it's an 13 with her. 14 extremely difficult and controversial issue of how 14 So I worked on grant applications with 15 to detect sort of a minimum level of exposure 15 her on some aspects of setting up her study, and 16 produces a carcinogenic effect. 16 that has been going on now for -- I don't know --17 BY MS. BRANSCOME: 17 I think since 2010 maybe that she started. So --18 Q In your view, has a dose-response 18 but that has not -- I've been what we call a 19 relationship for the perineal application of talc 19 coinvestigator on that project, not a principal and the development of ovarian cancer been 20 20 investigator. 21 established in the scientific literature? 21 But apart from that, the next stage in 22 A My view is that the data are certainly 22 my involvement with talc and ovarian cancer was in 23 compatible with the notion of a dose-response 23 the litigation. 24 relationship. It -- it trends in that direction 24 Q What is your colleague's name? 25 of that conclusion. It's not definitive yet. 25 A Anita Koushik. Page 123 Page 125 1 It's not definitive. But I believe the bulk of 1 Q If you had to give me your best 2 estimate, how many hours total have you spent 2 the evidence, especially from the Terry study and 3 3 partly from, I think it's the, Schildkraut study, assisting her with the case-control study? 4 which are the most powerful ones for that 4 MS. PARFITT: Objection. Form, 5 question, but certainly the Terry study is by far 5 misstates his testimony. 6 the most important one, does tend to indicate 6 THE WITNESS: It's very hard to answer 7 7 dose-response relationship. that. I mean, ten years ago discussions over 8 Q Is the data that exists today also 8 coffee about studies and how to write grant 9 compatible with no dose-response relationship? 9 applications and reviewing and revising and so on. 10 MS. PARFITT: Objection. Form. 10 I -- I don't -- not a trivial amount and not an 11 THE WITNESS: Yes. It could be -- in 11 overwhelming amount. 12 other words, it could be a chance finding. Is --12 BY MS. BRANSCOME: 13 that's what you're saying. I think it's unlikely, 13 Q When was the last time that you spent 14 but it's -- it can't be ruled out. 14 hours in connection with that case-control study? 15 15 MS. PARFITT: Objection. Form. BY MS. BRANSCOME: 16 Q Are you offering an expert opinion that 16 THE WITNESS: There was a manuscript 17 the inhalation of talc increases or presents any 17 that came -- a publication that came from that 18 risk of ovarian cancer? 18 study. It was -- the study was only completed in 19 A I -- I don't have an opinion on -- on 19 the field, the data collection, around two years 20 20 ago, and spending a year cleaning data and so on, that. No. 21 Q Aside from your participation in the 21 and then starting to analyze it. 22 IARC panel in 2006 and the Langseth article on 22 And there was an analysis of 23 2008, has all of your work on tale and ovarian 23 reproductive and hormonal factors in relation to 24 cancer been in connection with litigation? 24 ovarian cancer, and I helped her review and revise

32 (Pages 122 to 125)

that manuscript. That would have been a year and

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A On talc and -- sorry, work on talc and

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Page 126 Page 128 1 a half ago or so, and I don't know, maybe I spent A That's correct. 2 three or four days on it at the time. 2 Q Have you done anything since 2016 to 3 3 BY MS. BRANSCOME: publicly announce your view that the perineal use 4 4 of talc can cause ovarian cancer? Q Did that study reach any conclusions 5 with respect to a potential link between perineal 5 A No, I've not had really an opportunity. 6 6 use of talc and ovarian cancer? And in a way the -- the publication by Berge, 7 A The talc information was collected in 7 which appeared as a -- after I completed my 8 the questionnaire and has not yet been analyzed. 8 meta-analyses, and they -- they kind of beat me to 9 9 Q Other than what we just discussed with the punch with one type of publication output that 10 10 respect to the case-control study and then your I might have produced. So I'm thinking about 11 11 work in connection with the IARC panel and the different ways of communicating my results and my 12 Langseth paper, have you ever done any original 12 opinions, but mainly my results. 13 research on the association between perineal 13 I mean, the other part of the answer 14 14 talcum powder use and ovarian cancer? to -- another part of the answer to your question 15 A No. No, I haven't. 15 is that I'm not particularly a fan of individual 16 16 It's common -- it's common for me to be scientists going into press with opinions before 17 17 some sort of consensus starts to appear. I mean, asked to review information on which I have not 18 18 directly worked. You know, topics. You know, I you can -- you can publish hypotheses and ideas, 19 19 recently was asked by the government of France to but proclaiming conclusions is something that 20 evaluate a problem of possible cancer risks 20 should come later in the scientific process. I 21 related to a pesticide that's used in the banana 21 mean, I -- I think it's best if IARC or an agency 22 industry in Guadeloupe and Martinique. I've never 2.2 like IARC would take on that role, and that would 23 studied that pesticide and I've never been to 23 be my hope actually. 24 Martinique. But the kind of expertise that I have 24 Q In your opinion, has consensus formed 25 25 can be applied to studying different sorts of that peri- -- perineal use of talc can cause Page 127 Page 129 1 problems. 1 ovarian cancer? 2 2 Q You have not published the meta-analyses A I think among people who have reviewed 3 that you -- meta-analysis you performed in 3 the evidence who -- sort of competent scientists 4 connection with the MDL, have you? 4 who have reviewed the evidence, I think there's 5 A No, I haven't. starting to be a ground swell of consensus about 6 6 Q Have you ever published in any peerit. You know, I've never done a survey, so I 7 7 reviewed article the opinion that the perineal use can't say if it's majority or minority. 8 of talcum powder can cause ovarian cancer? 8 If your denominator is all medical 9 A I -- I've never had occasion to opine 9 researchers, then the answer is, well, most of 10 about this in any publication, and one doesn't 10 them have never heard of this issue, so it's 11 just announce to the New England Journal of 11 not -- they wouldn't be susceptible to holding 12 Medicine that you want to, you know, write an 12 such an opinion. But among the people who have 13 13 article about opining about something like this. reviewed, are familiar with the issues, I think 14 14 There has to be some sort of platform basis of there's certainly a much higher level of 15 15 receptivity to this thesis than there was ten research evaluation and so on. 16 And my involvement in this case might 16 years ago. 17 lead to such a publication, but in the past I 17 Q Has a consensus been reached that 18 would have not -- I had no reason to publish or to 18 perineal use of talc probably causes ovarian 19 try to publish such an opinion. 19 cancer? 20 Q But you had formed an opinion with 20 MS. PARFITT: Objection. Asked and 21 respect to the perineal use of talcum powder and 21 answered. Form. 22 an increased risk of ovarian cancer at the time 22 THE WITNESS: I can't answer that 23 that you published your report in October of 2016. 23 question. I -- it's too -- are you trying to make 24 And by "published," I mean within the 24 the distinction between probably and -- I -- so --25 25 litigation context, correct? BY MS. BRANSCOME:

Page 130 Page 132 Q Well, what do you understand the phrase THE WITNESS: I don't know -- I haven't 1 1 2 "can cause ovarian cancer" to mean? 2 carried out a survey among people. I don't know 3 A Well, it's a synonym with "is a risk 3 whether a consensus has been reached. I don't 4 factor for" or -- that's how I understand it. 4 know what proportion of that community would 5 Q All right. And is that in your mind the 5 subscribe to this point of view or not. 6 same as "it probably causes cancer"? 6 BY MS. BRANSCOME: 7 MS. PARFITT: Objection. Form. 7 Q Okay. Setting aside conducting a survey 8 THE WITNESS: "It probably can cause," 8 of individuals in the scientific community, would 9 is that what you said, or "probably does cause"? 9 you say that the scientific literature reflects a 10 BY MS. BRANSCOME: 10 consensus that the causal relationship between 11 Q Probably does cause. 11 perineal talc powder exposure and ovarian cancer 12 A So I don't think any risk factor can be 12 is probable? 13 described as -- in a way with the wording "does 13 MS. PARFITT: Objection. Form. 14 cause." You know, smoking does not cause lung 14 THE WITNESS: I think the scientific 15 cancer. It can cause lung cancer when there's a 15 literature supports that conclusion. I'm not sure 16 constellation of other favorable circumstances. 16 that it reflects it. 17 You know, this is part of multifactorial causation 17 So there's kind of a lag period between 18 of disease. So, you know, each factor in itself 18 the production of research findings and the 19 is not the cause, but it's part of a constellation 19 consens- -- a consensus building around it and 20 of factors that together can cause the disease. 20 being expressed in print. You know, if we take 21 So each of them can cause the disease. 21 sort of the classic smoking and lung cancer 22 Q So -- you -- you state in your report 2.2 historical example, evidence was accumulating 23 that -- let me see if I can get the exact 23 rapidly in the 1950s. There were several studies 24 language. 24 through the 1950s and early 1960s, and it was only 25 And perhaps you can get me there more 25 in 1964, so many years after some of this evidence Page 131 Page 133 1 quickly. You talk about that now you would give a 1 had been published and been accepted by many 2 2 different rating under the IARC standard. scientists, but rejected by others -- there was 3 3 Ah, here we go. Page 67 in your 2018 still controversy around it -- that the Surgeon 4 report. You state: "It is now my professional 4 General's report reflected and created a 5 opinion based on the totality of the evidence, consensus. 6 6 that to a reasonable degree of scientific BY MS. BRANSCOME: 7 7 certainty, the causal relationship between Q So in early 2019, are we still in the 8 perineal talc powder exposure and ovarian cancer 8 lag period or the period in which the production 9 is," quote, "probable." 9 of research findings is still behind consensus 10 10 Did I read that correctly? building in the literature? 11 A You did. 11 MS. PARFITT: Objection. Form, 12 Q Do you hold that opinion? 12 misstates his testimony. 13 A Yes, I do. 13 THE WITNESS: Does that mean I should 14 14 Q What do you mean when you say a "causal answer or --15 relationship between perineal talc powder exposure 15 MS. PARFITT: I'm objecting. I said it 16 and ovarian cancer is," quote, "probable"? 16 misstates your prior testimony. 17 A I mean it's more likely than not. 17 THE WITNESS: Okay. Sorry. Let me read 18 Q Okay. Has a consensus been reached in 18 the question again. (Peruses monitor.) 19 the scientific community, understanding we're 19 So I can't point to hallmark 20 looking at those who have an interest in this 20 publications analogous to the Surgeon General's 21 issue, been reached that the causal relationship 21 report for smoking and lung cancer that would 22 between perineal talc powder and ovarian cancer is 22 reflect such a bend in the road kind of general 23 probable? 23 perception of the talc ovarian cancer issue. It 24 MS. PARFITT: Objection. Form, asked 24 doesn't mean that the evidence isn't there, but 25 25 and answered. the process of recognizing and generalizing and so

Page 134 Page 136 on is not -- has not been achieved yet. 1 1 think. (Peruses document.) 2 BY MS. BRANSCOME: 2 Q Okay. 3 Q Okay. Have you ever given a lecture, 3 A No, I've never spoken to any of them either to students or to other scientists, in 4 4 about -- I -- I crossed paths with Dr. Cramer in 5 which you have presented your view that the 5 Los Angeles for a -- you know, we were in the same 6 perineal use of talcum powder can cause ovarian hotel. He was leaving, I was coming, that sort of 6 7 cancer? 7 thing, but I don't think we had any substantive 8 A I have to my students -- I mean to the 8 discussion, and I can't -- I know some of the 9 students in my department. I teach epidemiologic 9 others, but I've never spoken to them about this 10 methods. I don't teach about ovarian cancer. I 10 issue. 11 don't teach about talc. That's not what I'm paid 11 Q Do you know personally or professionally 12 to do. I'm paid to teach about the methodology 12 any of the other plaintiffs' experts in the MDL? 13 and the conduct of -- and the interpretation of 13 A No, I don't. 14 epidemiologic -- and I've used the talc/ovarian 14 Q You were chair of the working group -cancer as an example and walked my students 15 15 the IARC Working Group that published the through the evidence. So, yes, I have. 16 monograph on talc in 2006 -- or, well, that met in 16 17 Q When did you start teaching that as part 17 2006, and then was subsequently published in 2010, 18 of your epidemiological methods course? 18 correct? 19 A Probably two years ago. As soon as I 19 A That's correct. 20 started gathering the information and synthesizing 20 Q And there were roughly 20 members of 21 it, so two -- two or three years ago. 21 that working group? 22 Q Other than presenting to your students 22 A I think so. 23 your analysis of talc and ovarian cancer as an 23 Q In 2006, you agreed with the IARC 24 illustration of an epidemiological method, have 24 classification of, quote, "possible" describing 25 you presented your opinion that perineal use of 25 the relationship between perineal talc use and Page 135 Page 137 1 talcum powder can cause ovarian cancer in any 1 ovarian cancer, correct? 2 2 other context outside of litigation? MS. PARFITT: Objection. Form. 3 A No, I haven't. 3 THE WITNESS: That's correct. I could 4 Q Have you spoken with other scientists 4 read the exact wording of what "to be" means, but 5 about the issue of whether perineal use of talcum 5 that's the gist of it. BY MS. BRANSCOME: 6 powder can cause ovarian cancer? Setting aside 6 7 7 your students. Q Okay. IARC has not changed its 8 A Yeah. Yes, I've spoken to -- to 8 clarification of tale, and specifically with 9 colleagues, friends over -- over coffee, over 9 respect to the peri- -- perineal use of talc since 10 10 drinks at conferences, you know, what are you up it published the 2010 monograph, correct? 11 to, what are you doing, and then describe my 11 A Technically correct, but actually, 12 involvement in this case. And then we dig a 12 what -- the correct statement is IARC has not 13 little further into, Well, what -- what do you 13 evaluated talc since 2006 -- has not reevaluated. think, and so on. So I -- I have discussed it in 14 So there are no changes made to IARC evaluations 14 15 15 except through a formal complete reevaluation, and that kind of format. 16 Q Have you ever spoken with any of the 16 there has not been a formal complete reevaluation 17 authors on any of the papers that you cite in your 17 of talc since the 2006 meeting. So there's no 18 report about the potential link between perineal 18 opportunity for IARC to change anything in one 19 use of talc and ovarian cancer? 19 direction or another failing another complete 20 A I don't think so. I can quickly scroll 20 evaluation. 21 through the list to see if anything jogs my --21 Q What, if you know, can initiate a formal 22 yeah -- no, let me --22 complete evaluation of a constituent like talc? 23 Q If you can do that quickly, we could do 23 A Well, it comes I think from different 24 it now, or we can save that for the next break. 24 sources. I'm not entirely certain. I know that 25 A It will take just three minutes, I 25 there is now a public process whereby public

i	Page 138		Page 140
1	parties can write to the monograph program and	1	sentence you know, in the context of a
2	make suggestions for chemicals to be evaluated.	2	conversation about many things, as we do when we
3	There are they get requests from governments.	3	catch up when we meet. What you know, what's
4	They get requests from groups of scientists. They	4	on the agenda for the monograph program? By the
5	have their own internal scientific staff that has	5	way, I think talc might be an interesting thing to
6	its antenna out for different problems that arise,	6	put on a list for you to consider. And probably
7	and they generally have sort of a five-year	7	the conversation ended that part of the
8	program of agents that they are going to evaluate	8	conversation ended and moved on to other things.
9	in every in the next five-year period.	9	But
10	These things are not quick and easy to	10	MR. KLATT: Should we take a break?
11	organize, and so there's a lot of lead time.	11	MS. BRANSCOME: I understand the noise,
12	There's a lot of, in a way, competition for agents	12	but I I don't know that Dr. Siemiatycki was
13	to get onto the list to be evaluated. There are a	13	finished with his answer.
14	lot of interested parties that would like the	14	MS. PARFITT: We'll keep going. I
15	agent that they are exposed to or the "et cetera"	15	didn't I was trying to keep a clean record for
16	to be evaluated. So the exact mechanics of how	16	you. That's fine. Keep going.
17	they make decisions, I haven't been involved in	17	MS. BRANSCOME: Well, we we can
18	that process, but that's, roughly speaking, how	18	pause. I just was trying to let him finish his
19	it's done.	19	answer.
20		20	MS. PARFITT: We'll keep it paused here
21	Q Have you ever submitted a request to IARC for them to conduct a complete evaluation of	21	on the screen. Just a little bit more activity.
22	tale?	22	THE VIDEOGRAPHER: We will pause for a
23	A Have I ever?	23	second. We're going off the record, 2:41 a.m
24	Q Have you since the publication of the	24	
25	monograph in 2010 submitted a request to IARC for	25	p.m. (Pause.)
	monograph in 2010 submitted a request to larke for		(i ausc.)
	Page 139		Page 141
1	them to conduct another complete evaluation of		
_	them to conduct another complete evaluation of	1	THE VIDEOGRAPHER: We're going back on
2	tale?	1 2	THE VIDEOGRAPHER: We're going back on the record at 2:43 p.m.
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Page 142 Page 144 1 about IARC conducting another examination of talc sufficient growth in the information base that 2 and its potential carcino- -- carcinogenicity --2 would justify it. And the question is whether 3 3 there are other priorities -- that they have whoops, butchered that one -- about it's ability 4 to cause cancer? 4 things with even higher priorities for them to 5 5 A No. I don't think I did. look at. 6 6 Q Now, you said you have an -- you have Q We agree the perineal use of talc 7 7 the intention to submit something formal to IARC; currently is classified by IARC as a Group 2B 8 8 is that correct? chemical, correct? 9 9 A Yes. I've been thinking about it, and A Correct. 10 10 I -- when I have time, I'll look into the process. Q So the classification or the definition 11 Q What specifically would you request that of a Group 2A chemical still applies when there is 11 12 IARC do at this time with respect to talc? 12 limited evidence of carcinogenicity in humans and 13 A Carry out an evaluation like they did in 13 then sufficient evidence of carcinogenicity in 14 14 2006 but with up-to-date data. experimental animals, correct? 15 15 Q What data specifically do you think an A Yes. 16 IARC Working Group would need to consider that was 16 Q Has there been developments in the 17 not available in 2006? What are the key pieces of experimental animal data since the IARC Working 17 18 data that you think should be considered by a 18 Group evaluated the risks associated with the 19 19 working group? perineal use of talc in 2006? 20 A So from an epidemiological database 20 A I'm not aware whether there has been. 21 point of view, there have been a number of 21 I -- it does not spring to mind. I can't think of 22 publications, as you know, since 2006, including 22 any examples. 23 some cohort studies, various case-control studies, 23 Q Now, I noticed in your report you have a 24 various meta-analyses, a pooled analysis from the 24 description, it's on page 24, of the different 25 Terry group. All of that information bears on the 25 categories that IARC might rate a chemical. Page 143 Page 145 1 evaluation of cancer risk. It -- it may or may 1 Do you see where I am? 2 2 not change the view of a working group vis-à-vis A Yes, I see where you are. 3 3 the view held by the 2006 working group, but Q Okay. And there's a rating system that 4 there's enough new information there that it could 4 IARC uses that ranges from 1 to 4, correct? 5 potentially change points of view. 5 A Yes. 6 And in the mechanism area, I understand 6 Q That -- you have indicated here on 7 that there has been additional work on various 7 page 24 on your report that number 4 is not a 8 possible areas of -- concerning the migration of 8 carcinogen. Is that accurate? Is that an 9 particles around the body and how this might 9 accurate description of category 4? 10 influence the -- the biological plausibility of 10 A The wording is longer than that, but 11 such a -- a process. The possible role, roles of this is my potted version of what that longer 11 12 inflammation or oxidative stress. There have been 12 version means. 13 developments -- there are new publications in 13 Q The actual definition is that it is 14 those areas that might influence a new working 14 probably not carcinogenic, correct? 15 group or a working group looking at it with new 15 A Correct. 16 eyes. 16 MS. BRANSCOME: Would now be a good time 17 For all of those reasons, I think it 17 for a break? 18 would be timely, and in any case, if a decision 18 MS. PARFITT: I think so. We can take a 19 were made today to do this, such a meeting would 19 break. Thank you. 20 probably not be held before 2022 or 2023 at the 20 THE VIDEOGRAPHER: We are going off the 21 earliest. They have a horizon of priorities that 21 record at 2:51 p.m. 22 they're working on. So -- and by then, there 22 (Recess.) 23 would likely be additional work that would be 23 THE VIDEOGRAPHER: This is the beginning 24 available. 24 disc number 4 in the deposition of Jack 25 So it's an area where I think there is Siemiatycki. We're going back on the record at 25

Page 146 Page 148 1 3:27 p.m. 1 this -- there are not many that have such high 2 BY MS. BRANSCOME: 2 relative risks. 3 3 Q Good afternoon, again, Dr. Siemiatycki. I'm just giving you a bit of background 4 4 because the terminology is controversial, and I 5 Q Do you still agree with the IARC 5 know it plays into the case of how we -- how we 6 characterize the associations around talc and 6 characterization that the case-control studies 7 evaluating a potential connection between perineal 7 ovarian cancer. 8 talc powder exposure and ovarian cancer are 8 There are a lot of associations that are 9 9 unusually consistent? much less than -- with relative risks much lower 10 10 A Unusually -- they're very consistent. than ten that are very well accepted as being I'm not sure I would choose the word "unusually." 11 causal associations. And so the idea that 11 12 Sometimes when 20 people write a document, 12 associations have to be, quote/un- -- quote, 13 everyone doesn't agree with every word, but they 13 strong in the sense that the smoking-lung cancer 14 14 are very consistent. association was strong is not really tenable any 15 Q Do you agree with the IARC determination 15 more. There are so many -- most known carcinogens 16 that the excess in risk in those case-control 16 don't have such strong -- don't have such high studies is, quote, modest? 17 17 relative risks. So where you draw the line 18 A That the what, the increase in risk? 18 between strong, moderate, weak, and so on, is a 19 19 kind of -- is a vague notion. Q Or the excess of risk. 20 A Yeah, the -- I mean, the terminology 20 If you're asking me how I would 21 around strength of association -- weak, modest, 21 characterize it or how it's characterized -- I'm 22 strong, very strong, medium, et cetera -- it 22 not sure whether you want to go -- to ask how I 23 doesn't have -- there are no regulations. There's 23 would characterize it or how it's characterized by 24 no epidemiologic handbook that says if a relative 24 other people or --25 25 Q So, respectfully, Dr. Siemiatycki, my risk is in this range, you call it weak or Page 147 Page 149 1 moderate and so on and so forth. 1 question was, do you agree with the IARC 2 So the term "moderate" -- actually, the 2 classification of the increase in risk as, quote, 3 3 terminology around strength of associations was modest? 4 probably most influenced by the smoking and lung 4 A So there was no such classification. It 5 5 cancer situation in the '50s and '60s where there was a word used in a sentence, I guess. There 6 were relative risks of ten approximately, ten 6 is -- they never classified the association as 7 7 times as high of risk for smokers as for being strong, weak, moderate or whatever. It was 8 nonsmokers of getting lung cancer, and that was 8 part of a narrative about the -- the body of 9 considered a benchmark for strong associations. 9 evidence. 10 10 And it was not known then whether most carcinogens Do I agree that -- yeah, I would use 11 would fall -- most carcinogens that would be 11 that term today. 12 discovered later than that era would fall into the 12 I'm sorry if I digressed from your 13 category, you know, of relative risks, around ten 13 question. 14 or around five or around two or whatever. 14 Q You would agree that the point estimate of the meta-analysis that you conducted in 2018 15 So the -- the use of the terms "strong," 15 16 "medium," "weak" has kind of been -- what's the 16 that's contained in your report marked Exhibit 10 17 word? -- benchmarked, I guess, by the smoking-lung 17 is actually lower than the point estimate that was 18 cancer association. And things that --18 reported in the Langseth 2008 study, correct? 19 subsequently relative risks that were less than in 19 A That's correct. 2.0 that order of magnitude of ten or so where people 20 Q And the Langseth 2008 paper, the 21 didn't refer to them as strong because they were 21 meta-analysis that you and your coauthors 22 22 not as strong as smoking and lung cancer. conducted resulted in a 1.35 relative risk, 23 It has subsequently turned out that the 23 correct? 24 level of relative risk for smoking and lung cancer 24 A That's correct. 25 is exceptional among known carcinogens, and that 25 And in Exhibit 10, your report in the

38 (Pages 146 to 149)

Page 150 Page 152 1 MDL, the relative risk point for your 2018 causality, but it's not a one-to-one kind of 2 meta-analysis is 1.28, correct? 2 relationship. 3 A In the 2018 -- yes, that's correct. 3 Now I've lost the thread. I'm sorry. 4 Q Is it your opinion -- well, let me just 4 BY MS. BRANSCOME: 5 ask you, what classification should perineal use 5 Q That's okay. I'm going to ask you the 6 6 of talc get with respect to ovarian cancer under question again. 7 the IARC scale? 7 Simply the fact that the epidemiological 8 MS. PARFITT: Objection. Form. 8 evidence --9 THE WITNESS: I -- I'm very reluctant to 9 A Yeah. 10 10 answer that question because it takes a lot of Q - may support a conclusion that more input from different disciplines to produce an 11 likely than not perineal talc use can cause 11 12 IARC evaluation and then IARC classification. And 12 ovarian cancer, that fact alone is not sufficient 13 I feel it's presumptuous for any one person from 13 to result in a Group 2A classification of a 14 one discipline to take on that function. 14 chemical under IARC. 15 What I can say is that in this 15 MS. PARFITT: Objection. Form. 16 situation, the epidemiologic evidence alone is 16 BY MS. BRANSCOME: 17 17 sufficient to make the -- make me think that it's O Is that fair? 18 more likely than not that there is a causal 18 A It's fair -- in principle, it's a fair 19 statement. My feeling is that if that occurred in 19 association. How that proposition would feed into 20 an IARC evaluation is something that would -- that 20 a meeting, and if -- you know, in an IARC Working 21 a multidisciplinary group would need to work out, 21 Group, the group is subdivided into four 22 but I think there's at least enough evidence to 22 subgroups: Initially, an epidemiology group, 23 say it's more likely than not. 23 animal experimentation group, other biological 24 BY MS. BRANSCOME: 24 mechanisms, and then expose -- an exposure group. 25 25 Q Because you would agree that a work --If the epidemiology group came back, had Page 151 Page 153 1 an IARC Working Group, for example, if a former --1 a feeling that there likely -- it was more likely 2 2 than not that there is a causal association, they formal evaluation was done on talc, in order to 3 3 classify talc as say a Group 2A, that working have the prerogative to categorize the evidence as 4 group would need to consider multiple lines of 4 being sufficient or limited. And it's not clear 5 5 evidence, correct? how they would categorize the epidemiologic 6 6 MS. PARFITT: Objection. Form. evidence. That would feed into the final 7 7 THE WITNESS: That's correct. evaluation. 8 BY MS. BRANSCOME: 8 Q So you would say, as you sit here today, 9 Q And simply the determination, if it were 9 based on what you know about the epidemiological 10 the case that the epidemiological evidence might 10 evidence with respect to the perineal use of talc 11 support the conclusion that perineal use of talc 11 and ovarian cancer, it's not clear whether that 12 more likely than not can cause ovarian cancer, 12 would satisfy the criteria for sufficient evidence 13 would not by itself be sufficient for a Group 2A 13 of carcinogenicity. Is that fair? 14 14 rating. Is that fair? MS. PARFITT: Objection. Misstates his 15 MS. PARFITT: Objection. Form. 15 testimony. 16 THE WITNESS: The IARC classification 16 THE WITNESS: For -- for a particular 17 was developed in the 1970s. It was not developed 17 working group. Because the other particularity of 18 in order to fit into a template that can be used 18 the IARC process, as with other -- from high level 19 in the courtroom. So terms like "more likely than 19 scientific processes, is that it depends a lot on 20 not" or, you know, whatever terminology would be 20 scientific judgment. There's -- there are 21 used in a courtroom around this sort of thing does 21 guidelines for how to combine animal evidence and 22 not fit perfectly on the IARC classification 22 basic biology evidence in epidemiology, but all of 23 23 these guidelines are just models of how the final scale. 24 I understand why courts use IARC 24 evaluation might be determined. 25 evaluations as an input to understanding 25 Each working group is sovereign and can

	Page 154		Page 156
1	take the entire body of evidence and make a	1	(A discussion was held off the record.)
2	decision outside the the template the the	2	BY MS. BRANSCOME:
3	typical template. So a working group could look	3	Q Do you remember what you were answering
4	at the evidence and decide is it Group 1, it's	4	or should we
5	Group 2B, Group 2A, based on the totality of	5	A I prefer if I'm sorry. If you could
6	evidence.	6	ask again and
7	In general, if the epidemiology is	7	Q Let me ask it a different way. Is it
8	convincing, it would be Group 1 or Group 2A if	8	possible for a confounding variable to essentially
9	it's convincing but not or let's say if it's	9	infect all of the epidemiology on a particular
10	if it indicates a risk but it's not definitive.	10	looking at a particular causal relationship?
11	BY MS. BRANSCOME:	11	MS. PARFITT: Objection. Form.
12	Q So you would say if the epidemiology	12	THE WITNESS: It is possible.
13	indicates a risk but is not definitive, you think	13	BY MS. BRANSCOME:
14	there's a possibility a chemical would be	14	Q Okay. If that were to happen and you
15	classified as Group 1?	15	see evidence in the epidemiology that shows a
16	MS. PARFITT: Objection. Form.	16	consistent increase in risk but there's the
17	THE WITNESS: It depends how close to	17	potential for a confounding variable, would it be
18	definitive it is. So if the feeling of the group	18	important to look at the potential biological
19	is that it's almost certain on the basis of	19	mechanism to see whether or not the agent might be
20	epidemiologic evidence, then they could classify	20	causing the outcome?
21	it as Group 1, and they would classify the	21	A So the confounding factor is is a
22	epidemiologic evidence as sufficient in that case.	22	factor that could be captured in epidemiologic
23	BY MS. BRANSCOME:	23	studies but hasn't been. Is that what you are
24	Q Okay. On the scale of definitiveness,	24	alluding to? And the biologic but the biologic
25	where would you place the evidence of the perineal	25	mechanism that you're referring to would involve
	Page 155		Page 157
1		1	
1 2	use of talc and ovarian cancer as of today?	1 2	that confounding factor or is this are you
2	use of talc and ovarian cancer as of today? A Based on the epidemiologic evidence.	2	that confounding factor or is this are you are you confounding "confounding" with with
2	use of talc and ovarian cancer as of today? A Based on the epidemiologic evidence. Q Correct.	2 3	that confounding factor or is this are you are you confounding "confounding" with with biologic mechanism issues?
2 3 4	use of talc and ovarian cancer as of today? A Based on the epidemiologic evidence. Q Correct. A I I go back to more likely than not.	2 3 4	that confounding factor or is this are you are you confounding "confounding" with with biologic mechanism issues? Q Okay. Let me let me give you a
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2 3 4 5	use of talc and ovarian cancer as of today? A Based on the epidemiologic evidence. Q Correct. A I I go back to more likely than not. Not not definite, but more likely than not. Q Is it possible to have a situation where	2 3 4 5 6	that confounding factor or is this are you are you confounding "confounding" with with biologic mechanism issues? Q Okay. Let me let me give you a specific hypothetical. A Yes.
2 3 4 5 6 7	use of talc and ovarian cancer as of today? A Based on the epidemiologic evidence. Q Correct. A I I go back to more likely than not. Not not definite, but more likely than not. Q Is it possible to have a situation where the epidemiological evidence is supportive of a	2 3 4 5 6 7	that confounding factor or is this are you are you confounding "confounding" with with biologic mechanism issues? Q Okay. Let me let me give you a specific hypothetical. A Yes. Q Okay. So let's say hypothetically, for
2 3 4 5 6	use of talc and ovarian cancer as of today? A Based on the epidemiologic evidence. Q Correct. A I I go back to more likely than not. Not not definite, but more likely than not. Q Is it possible to have a situation where the epidemiological evidence is supportive of a causal association, but the group working on	2 3 4 5 6 7 8	that confounding factor or is this are you are you confounding "confounding" with with biologic mechanism issues? Q Okay. Let me let me give you a specific hypothetical. A Yes. Q Okay. So let's say hypothetically, for example, recall bias
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40 (Pages 154 to 157)

Page 158 Page 160 1 is recall bias something that could affect the exposures, all -- you know, environmental things 2 reliability of conclusions drawn from 2 that they've been exposed to, et cetera, there --3 3 epidemiological studies that rely on recall to there's no reason why exposure to talc would be 4 define exposure to the agent? 4 the one item in epidemiologic questionnaires that 5 A Yes, it could, hypothetically. 5 would provoke recall bias where nothing else does. 6 6 Q Okay. Is recall bias something that So if it's a part of a general 7 potentially could affect the epidemiological 7 phenomenon, this recall bias, which is certainly a 8 studies of the perineal use of talc? 8 hypothetical possibility, we would see that most 9 A Yes, theoretically, it could. 9 of the associations that were tested in case-10 10 Q Okay. In situations where there is a control studies would be found to be high risks, 11 potential bias or a confounding variable that has 11 maybe significantly high risks. 12 not been identified, how should epidemiological 12 That's not what we observed. That's not 13 evidence be evaluated in comparison to the other 13 what I've observed in my research. I have 14 14 categories of evidence that are considered, for estimated -- and in the book that I showed this morning, there are literally thousands of odds 15 example, by an IARC Working Group? 15 16 16 ratio estimates in there. But in all of my A Well, these things would typically be 17 17 evaluated in a -- a nonquantitative way. You research on over nearly four decades, I've 18 can't really quantify what is the potential impact 18 published a lot of evidence, and I can show some 19 of a confounder that you don't know about or that 19 examples, where there's no difference between 20 you haven't measured. It's kind of a theoretical 20 cases and controls because there is no effect, 21 21 there's no causal association between the two thing. 22 And the same with -- with recall bias 2.2 things, and the case -- although people were --23 where there could be some evidence about it. And 23 cases were asked about, let's say, alcohol 24 certainly when I reviewed the evidence on this 24 consumption, and controls were asked about alcohol 25 25 topic, the possibility of recall bias was one of consumptions, the cases didn't overreport. They Page 159 Page 161 1 the main stumbling blocks to arriving at an 1 didn't say, Oh, well, they want to know if this 2 2 opinion, as it was for the IARC panel in 2006. caused my cancer, and therefore I'm going to tell 3 3 You know, we are all aware of that hypothetical them, yes, I consumed a lot of beer and wine and 4 possibility, and we think about whether something 4 so on, or smoking or whatever. 5 5 of that magnitude -- something like that could So we don't see this as a general 6 6 artifactually generate an appearance of a relative phenomenon that people overreport -- that cases 7 7 risk. overreport compared to controls. 8 My own way of dealing with that was to 8 O Have you looked at the phenomenon of 9 look at the phenomenon of recall bias from the 9 recall bias specifically when the agent being 10 perspective of both my own research, which has 10 investigated is part of public wide -- wide scale 11 mainly involved case-control studies, some cohort 11 litigation? 12 studies but mainly case-control studies, and 12 MS. PARFITT: Object to form. 13 13 THE WITNESS: So I haven't personally -research that I've read about, experienced, 14 14 let me just think if any of my research has reviewed for journals, et cetera. 15 15 involved situations analogous to that. And if the phenomenon of recall bias 16 were sort of a general across-the-board phenomenon 16 Yes. Cell phones and brain cancer. So 17 that infects and in a way discredits all 17 I was involved in a large cell phone and brain 18 case-control studies -- interviewing cases, people 18 cancer study, and we asked cases about their use 19 who are sick people, interviewing people who are 19 of cell phones, and we asked controls about their 20 well and comparing the responses -- if this were 20 use of cell phones. And while the interpretation 21 21 of the results of the study were somewhat an inherent systemic problem, what we would 22 observe in general would be a plethora of fake 22 controversial, there was no generalized phenomenon 23 excess risks. Because almost everything you would 23 of cases reporting more cell phone use than 24 ask people about, whether it's smoking, alcohol 24 controls in that particular study. 25 25 So that -- I can't think of another consumption, physical activity, diet, workplace

41 (Pages 158 to 161)

	Page 162		Page 164
1	example in my career of sort of one of these	1	A Yeah.
2	generally suspected things. I mean, I've studied	2	Q Are those areas in which you contend
3	a lot of occupational exposures, but those tend to	3	there is developments in the scientific literature
4	be more obscure, and people don't, you know, have	4	that is relevant to the question of the connection
5	the same visceral reaction maybe to were you	5	between perineal use of talc and ovarian cancer?
6	exposed to formaldehyde or benzene or this or	6	A Yes.
7	that.	7	Q Okay. So I just wanted to talk to you
8	BY MS. BRANSCOME:	8	about which of those categories you are
		9	independently offering an expert opinion as
9	Q For purposes of your meta-analysis, you	10	opposed to you are deferring to others. Does that
10	looked at the binary question of ever having used	11	make sense?
11	talc and never having used talc, correct?	12	
12	A Among other not only that, but that		A Yes.
13	in addition to, yeah.	13	Q All right. So you are offering an
14	Q Yes. For example, you were not your	14	expert opinion about developments in the
15	data isn't stratified based off of having used it	15	epidemiology, correct?
16	to a certain degree of frequency, correct?	16	A Correct.
17	A The the meta-analysis, no.	17	Q Are you testifying as an expert in
18	Q Okay.	18	developments in the scientific literature with
19	A I I looked at dose-response	19	respect to toxicology?
20	information within the studies that provided it,	20	A No.
21	but I didn't do any meta-analyses of the of the	21	Q Are you testifying as an expert with
22	dose-response data.	22	respect to developments in the scientific
23		23	literature in molecular biology?
	Q Okay. So I I asked you sort of the	24	A No. I I'm aware that there have been
24	broad question about what has changed in the	25	some publications since 2006 in that domain, bu
25	scientific literature with respect to perineal use		•
	Page 163		Page 16
1	Page 163 of talc since the 2006 IARC Working Group, but I	1	I'm not offering an opinion about those.
1 2		1 2	I'm not offering an opinion about those.
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Page 166 Page 168 1 guess the main things that were highlighted at the there is error in diagnose -- I guess you -- what 2 time were measurement error, how to assess 2 you're alluding to -- let me make sure, you're 3 3 alluding to possible misdiagnosis between exposure to tale, and what the impact of 4 measurement error might be on the estimates, 4 mesothelioma and ovarian cancer. Is that where 5 recall bias and the possible impact that that 5 you're going? 6 6 Q That -- that is one possibility, yes. might have. 7 Q What do you mean by "measurement error"? 7 A So in the case of a -- in this situation 8 A Measurement error is closely related to 8 of a cohort study, following up a group of women, 9 recall bias, but it's not the same thing. 9 some of them really get mesotheliomas that are not 10 Measurement -- recall bias refers to differences 10 linked to talc exposure, but those women are between cases and controls in the way they 11 classified as ovarian cancers erroneously. 11 12 respond. Measurement error refers to inaccurate 12 They -- that error would have the effect of 13 recall and reporting, irrespective of whether 13 reducing the apparent risk compared to the real 14 14 there are cases and controls. There can be risk of talc and ovarian cancer. In that context, 15 exactly the same degree of error in -- in recall 15 it would have that effect. between cases and controls. 16 16 In the context of a case-control study, 17 So it's not differential. It's not --17 where you start with a group of women who have 18 it's not a recall bias between the two groups. 18 been diagnosed with ovarian cancer but in truth 19 But if there's error, if some people report high 19 some of them had peritoneal mesotheliomas, and you 20 use, and in fact they had medium use and all --20 compare them to controls, the women who -- and 21 all this sort of thing, that impacts the estimates 21 assuming that talc has no effect on peritoneal 22 of relative risk -- even though those errors are 22 mesothelioma, which is another assumption to make, 23 the same in the cases and controls, that impacts 23 but -- but assuming that it does on ovarian 24 the estimates of relative risk, and that generally 24 cancer, just for the sake of argument, lumping in 25 25 impacts it in the direction of attenuating the the mesotheliomas with the ovarian cancer cases Page 167 Page 169 1 relative risk estimates, lowering them from what 1 would again create a reduction in the estimate of 2 2 they really are. relative risk. 3 3 So that's one error -- one type of error So in both situations -- I would have to 4 that is -- that permeates epidemiology and that is 4 work it out on a pad of paper, but I think in both 5 present, and that we have to be conscious of and 5 cases -- and I did write something about this in 6 try to evaluate. 6 my report, so if you don't --7 7 Q Could there be measurement error related Q Feel free to take a look. Sure. 8 to misdiagnoses? 8 A -- mind. Thinking out loud in the 9 A Yes. 9 middle of a deposition is sometimes harder than 10 Q And if there was misdiagnoses in the 10 thinking out loud at home. (Peruses document.) 11 sense that someone was diagnosed with ovarian 11 So I'm looking at page 57, Section 7.2.5, at the bottom of the page and then 12 cancer but in fact had a different form of cancer, 12 13 that could actually result in an artificially 13 going on to the next page, and see if what I said inflated relative risk, correct? 14 then is -- corresponds roughly to what I just 14 15 15 MS. PARFITT: Objection. Form. 16 THE WITNESS: So that kind of error in 16 I think basically it -- it agrees with 17 diagnosis has subtly different meaning in the 17 what I just said. Basically the effect would be 18 context of a case-control study and a cohort 18 to attenuate estimates in this situation. 19 study. And if -- if you want, I'll -- I could try 19 Q So we discussed – of the various 20 to answer your question in -- in each context. 20 possible biases that might affect the 21 BY MS. BRANSCOME: 21 epidemiology, we talked about measurement error, 22 22 Q Okay. recall bias, diagnostic error. 23 A So it has an effect in both contexts, 23 Are there any other potential biases 24 but it's a slightly different effect. 24 that should be considered when evaluating the 25 25 epidemiology on the use of talc peritoneally? So in the context of a cohort study, if

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A Yes. So I I did list a bunch of possible biases in my report. And one of them if you don't mind, I'll just go through the titles of the different things that starting on page 53. Bias due to nonresponse or nonparticipation. If you carry out a case-control study, and you get you identify a group of a hundred women who are cases, and you ask them to participate and only 50 agree to participate, and the ones who agree to participate happen to be the only ones who used talcum powder, and the other 50 that you don't know about never used it, that would be a problem. And but it also depends what happens among the controls. Among the controls, do you get the same nonresponse bias? So there's a that is one possible bias in case-control studies. The second one I listed was recall or reporting bias that we've discussed. The third one is what I call nondifferential or random error, which we	other biases. And this is why I corrected you at the beginning when we were talking about confounding and bias. I mean it's not I'm not criticizing you in any way for this. It's there is terminological gray zones in epidemiology, so it's not always clear. But Q Would it be fair to describe a confounding variable in the context of ovarian cancer as something that as of now is unknown that makes a particular individual more likely to develop ovarian cancer that also, for whatever reason, makes them more likely to use talcum powder? A Yes. That would be a correct interpretation of "confounding." Q And that is something that should be taken into account in evaluating the epidemiepidemiological literature, correct? A That's correct. Q And you would agree that the scientific community at large has not yet understood all of the potential factors that might contribute to a
nondifferential or random error, which we discussed. It's error in reporting that is equal in cases and controls, but it has an impact on relative risk estimates.	 the potential factors that might contribute to a susceptibility to develop ovarian cancer, correct? MS. PARFITT: Objection. Form. THE WITNESS: Sorry, I – I was hearing
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	Page 173
The fourth one, which we haven't discussed, has to do — it's mainly a problem for cohort studies. And if you carry out a cohort study of — focused on cancer, and you collect information about exposure, and then follow them for two years to find out how many of them got cancer, and whether there is a difference between the people who were exposed and the people who are not exposed, well, that would be pretty hopeless because it takes more than two years for cancers to develop and be diagnosed. So short follow-up periods in cohort studies would be a source of bias in cohort studies. Diagnostic errors, we've just discussed. Initiation of powdering as a result of ovarian cancer, is it possible that some women	two things with my two ears. MS. PARFITT: Sorry. THE WITNESS: Can you repeat the last part? BY MS. BRANSCOME: Q Yeah. You would agree that all of the factors that might make someone susceptible to developing ovarian cancer are not currently known. A That's correct. So are are you are you getting at the potential impact of confounding as from unknown factors as something that hasn't been properly evaluated or that is part of this picture? Q I am simply asking you A Yes.

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Page 174 Page 176 1 opinion, it's unlikely that any confounding factor illustrate the potential impact of confounding in 2 or factors would create the pattern of results 2 this issue of ovarian cancer and talc, and what --3 3 to explain why I believe that the excess risks that we see. 4 4 that we observe are unlikely to be explained by And if I could give you one piece of 5 5 evidence about why I -- you know, that illustrates confounding. 6 why I think that. A confounding factor can only 6 Q Okay. You would agree, though, that if 7 bias the result by a certain amount; not as strong 7 there was a confounding variable that had a 8 8 relationship with, in this case, ovarian cancer as its own relationship to the risk factor. 9 So if there's a risk fact- -- if the 9 that was stronger than 1.3, it could explain an 10 10 relative risk that we see around 1.3 -- ballpark, increase of 1.3 associated with the use of talc if 11 11 it was similarly connected to the use of talcum let's for the sake of argument say 1.3 -- is due 12 to a confounding factor, that confounding factor 12 powder products --13 13 would have to have an association with ovarian MS. PARFITT: Objection. Form. 14 14 cancer much strong -- stronger than 1.3, but much BY MS. BRANSCOME: 15 15 stronger than 1.3. O -- correct? 16 16 And I can -- just to illustrate that, I MS. PARFITT: Objection. Form. 17 17 THE WITNESS: Well, one of the points actually have a publication -- I think I gave you that I want to illustrate is that not only would 18 a copy of that publication of mine that 18 illustrates my own research on occupational causes 19 19 it have to be stronger than 1.3, it would have to 20 20 be a lot stronger than 1.3. of cancer --21 THE VIDEOGRAPHER: Sorry. 21 BY MS. BRANSCOME: 2.2 THE WITNESS: Am I again disconnected? 22 Q How strong would it need to be? 23 23 MS. PARFITT: Objection. Form. Okay. When I get excited... 24 Yes, that's the one. If I could --24 THE WITNESS: I'll answer that by -- by 25 25 MS. PARFITT: Make a copy. showing you what -- what we found when we were Page 175 Page 177 1 THE WITNESS: Do you have any copies? 1 examining the associations between different 2 2 MS. PARFITT: I'm looking to see. occupations and lung cancer. 3 THE WITNESS: So -- well, if I could 3 So occupation and lung cancer, there are 4 just read a couple of sentences from the abstract 4 some true associations there, as you probably 5 of this, I'll tell you what this is about. It's 5 know, but -- and we collected information about 6 6 people's occupations. We also collected a study of --7 7 BY MS. BRANSCOME: information about their smoking history, their 8 Q Could you, please, Dr. Siemiatycki, 8 socioeconomic status, their ethnicity and so on. 9 identify for me --9 A lot of factors. 10 10 But the most important part of this was A Oh. 11 0 -- what is the paper from which you are 11 looking at the association between lung cancer and 12 reading. 12 smoking and -- lung cancer and occupation. We 13 13 A Yes. This is a paper called "Degree of chose I think 15 occupations, estimated the odds 14 14 confounding bias related to smoking, ethnic group, ratios for 15 different associations between 15 and socioeconomic status in estimates of the 15 occupations and lung cancer, and we controlled for 16 associations between occupation and cancer." 16 smoking or we didn't control for smoking. We 17 Q Is this something that you cite to or 17 compared the results when you control for smoking 18 reference anywhere in the report that you 18 and when you don't compare -- control for smoking. 19 submitted in the MDL? 19 BY MS. BRANSCOME: 20 A It's only in my CV, which is I think 20 Q Respectfully, Dr. Siemiatycki, I only 21 21 have seven hours to ask you questions. part of the record. 22 Q What led you to specially identifying 22 A Okay. 23 this article, which you seem to have handy today 23 Q Your -- your -- counsel for the 24 here at the deposition? 24 plaintiffs can ask you to fully explain other 25 A Because I was thinking about how to 25 research that you've done.

	Page 178		Page 180
1	A Okay.	1	In one of the differences between
2	Q It sounds very interesting.	2	as I mentioned earlier, between some types of
3	A Thank you.	3	meta-analyses are carried out on clinical trials,
4	Q But my question to you is, in your	4	in fact, I would say the bulk of meta-analysis is
5	opinion, how strong would an association have to	5	conducted in clinical trials research where the
6	be with a confounding variable in order to play a	6	research protocols are really very standardized
7	significant role in a 1.3 relative risk?	7	from one study to another, and that enhances the
8	A My	8	ability to make inferences from the results of a
9	MS. PARFITT: Objection. Form.	9	meta-analysis.
10	THE WITNESS: guess, it would have to	10	In observational epidemiology, this
11	be in the order of 3 to 5. Because it also	11	isn't true. We have very different kinds of study
12	depends on the association between a talc	12	design and problems that arise in different
13	powdering behavior and this unknown confounder.	13	studies, and this leads in itself to variability
14	BY MS. BRANSCOME:	14	and heterogeneity. And it is sometimes imagined
15	Q Okay. Are there limitations to	15	that heterogeneity is a reflection some sort of
16	performing a meta-analysis?	16	a reflection of different risks in different
17	MR. TISI: Do you want to mark that or	17	populations or something like that. It's mainly
18	no?	18	it's at least in part a reflection of the fact
19	MS. BRANSCOME: No.	19	that different study designs and different just
20	THE WITNESS: Are there	20	not just the overall architecture of the design,
21	BY MS. BRANSCOME:	21	but the implementation, how people were
22	Q limitations to performing a	22	interviewed, what the questions were and so on,
23	meta-analysis?	23	influences the results of a study. That varies
24	A I I'm not sure what like	24	from study to study, and that creates
25	Q I believe you referenced earlier that	25	heterogeneity. So
1	you teach a class on epidemiological	1	Q Does heterogeneity do you want
2	methodologies; is that correct?	2	heterogeneity in a meta-analysis? Is it a good
3	A Yes.	3	thing or does it weaken the meta-analysis?
4	O Okay. So presumably, when you teach a	1	
	O Okay. So presumably, when you teach a	4	
5	7 7	4 5	A It depends on the purpose of the
5 6	class you discuss the strengths and the		
		5	A It depends on the purpose of the meta-analysis. So some meta-analyses have as one
6	class you discuss the strengths and the limitations of different types of analyses. Fair? A It comes into the course, yes.	5 6	A It depends on the purpose of the meta-analysis. So some meta-analyses have as one of their objectives to identify populations in
6 7	class you discuss the strengths and the limitations of different types of analyses. Fair?	5 6 7	A It depends on the purpose of the meta-analysis. So some meta-analyses have as one of their objectives to identify populations in which the effect of the drug or the whatever
6 7 8	class you discuss the strengths and the limitations of different types of analyses. Fair? A It comes into the course, yes. Q Okay. So in the context of looking at	5 6 7 8	A It depends on the purpose of the meta-analysis. So some meta-analyses have as one of their objectives to identify populations in which the effect of the drug or the whatever you're studying is different from one population
6 7 8 9	class you discuss the strengths and the limitations of different types of analyses. Fair? A It comes into the course, yes. Q Okay. So in the context of looking at the strengths and the weaknesses of different	5 6 7 8 9	A It depends on the purpose of the meta-analysis. So some meta-analyses have as one of their objectives to identify populations in which the effect of the drug or the whatever you're studying is different from one population to another. That is a situation where you want to
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Page 182 Page 184 qualitative question does smoking cause lung 1 of the weaknesses is that it is sometimes 2 cancer, it really doesn't matter if the relative 2 fetishized, and that people put too much -- you 3 risk is 5 or 12. So that heterogeneity has 3 know, have sort of a magical belief in the value 4 absolutely no bearing on the question that is 4 of meta-analysis result, which is not justified. 5 5 being asked, and the best answer ignore -- would Often the results of certain critical studies are 6 ignore heterogeneity. It doesn't really matter. 6 as valuable or more valuable than those of a 7 If you're trying to find out in which 7 meta-analysis, especially when -- especially in 8 populations does smoking have a greater impact, 8 observational epidemiology when it's hard to 9 9 then you might want to say, Okay, let's -- which really identify all of the parameters that 10 10 are the populations where the relative risks were influence the quality of a study. 11 11 5 and which are populations where the relative And so determining what studies to 12 risks are 12? Can we identify differences between 12 include and which data from each study to include 13 it? Are they different countries, different 13 is tricky. It requires judgment. Those judgments 14 14 ethnic groups, and so on and so forth. can be wrong. They can be contested. Sometimes 15 15 one very good study is as powerful, but -- it's So it's a longwinded answer, and I'm not 16 16 sure if that gets to the question that you were part of -- a meta-analysis is part of a package of 17 17 information that I would look at in evaluating the 18 18 Q Well, you said in your report -- and risks. 19 it's on page 17, if you want to look at it -- you 19 Q Okay. You mentioned the concept that a 20 stated -- it's at the top of the page. 20 scientific judgment needs to be used in 21 A Yes. 21 determining what studies and, more specifically, 22 "Unless a significant methodological 2.2 what data within those studies to include in a 23 flaw can be identified that has caused the 23 meta-analysis, correct? 24 heterogeneity, the best overall estimate remains 24 A That's correct. 25 25 the meta-estimate." Q And you would agree that -- and I Page 183 Page 185 1 Did I read that correctly? 1 believe you just referenced it -- that there can 2 2 A Yeah. I guess we should read the be errors in judgment in determining what studies 3 beginning of the sentence just to -- oh, yes. Oh, 3 to include or not include or what data to include 4 yes, I see. Sorry. Yes, I agree with you. 4 or not include, correct? 5 A I--Q So what is the basis for that statement? 5 6 6 A The basis is that it's correct. Are you MS. PARFITT: Objection. Form. 7 7 offering an alternative to this that I should THE WITNESS: I would not characterize 8 consider? 8 these things as errors in judgment. There can be 9 Q Is there -- I guess my question is, is 9 differences in judgment that are legitimate 10 it -- is it correct because you think it is 10 that -- where people, equally well motivated and 11 correct? Or can you point me to something that 11 well trained and experienced, can arrive at 12 would support that principle and explain it more 12 different judgments on some of these things. 13 13 BY MS. BRANSCOME: fully? 14 A I -- I haven't looked for any 14 Q Did you have a specific methodology that 15 15 you used in determining which relative risk or documentary evidence that this has been written up 16 in this way anywhere. I've been interpreting 16 odds ratio to include from each of the studies 17 meta-analyses in this way, and I believe this to 17 that you include in your meta-analysis? 18 be true. 18 A Carefully reading the study, carefully 19 Q Okay. So we talked about a few 19 reading the tables and the reports of what is in 20 different things that you articulated as potential 20 the paper, understanding what is there, and then 21 weaknesses to a meta-analysis. Are there any 21 making a determination on that basis. 22 other weaknesses to a meta-analysis? 22 Q And those were, to use your words, 23 A Possibly. Are there any that you can 23 quote, judgment calls; is that fair? A Yes. 24 24 identify? I will be happy to -- you know, I'm 25 25 just -- to meta-analysis as a concept, I think one Q Okay.

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Page 186 A There is no alternative to judgment in science. Q The meta-analysis in your MDL report is different than the meta-analysis in your 2016 report; is that correct? A The bottom line result, you're saying? Well, yes, but also in the 2016 report, 1 presented I think eight different estimates, depending on scenarios of which studies to include and which result from which studies to include and which result from which studies to include and which result from which studies to include. 10 and which result from which studies to include. 11 because there were some borderline judgments where life the court is to give my best estimate to which studies and which data to include, and then to studies and which data to include, and then to studies and which data to include, and then to studies and which data to include, and then to studies and which data to include, and then to strain the studies were included and which result in which studies were included in your 2016 meta		Uack Siemia	7 0111	
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7 Well, yes, but also in the 2016 report. I 8 presented I think eight different estimates, 9 depending on scenarios of which studies to include, 10 and which result from which studies to include, 11 because there were some borderline judgments where 12 I thought the best thing would be just – just 13 provide all of the different options. 14 In 2018, I adopted a different strategy. 15 I thought, well, the best service I can provide 16 the court is to give my best estimate of which 17 studies and which data to include, and then to 18 provide a set of alternatives that I call 19 sensitivity analyses. So that's one difference 19 between the two reports. 21 Q Okay. 22 A But there were some differences in which 23 studies were included and which result in which 24 studies were included and which result in which 25 Q Well, let me start at the very basic Page 187 1 level. Are there any studies that are included in 2 your 2018 meta-analysis that were not available at 3 the time that you did your 2016 meta-analysis. 20 C May did you —did including Green 1997 in 21 your 2018 meta-analysis, correct? A Correct. 22 A But there were some differences in which 23 studies were included from the one to the other. 24 Studies were included from the one to the other. 25 Q Well, let me start at the very basic Page 187 Page 189 1 level. Are there any studies that are included in 2 your 2018 meta-analysis that were not available at 3 the time that you did your 2016 meta-analysis? 4 A I don't think so. 5 Q Okay. So you mention that you made some 6 changes to which studies to include? 7 within that, some of your numbers are slightly 8 different. 9 Can you explain to me what changes you 10 made with respect to which studies to include? 11 A So somewhere I did the side-by-side 12 comparison, and I don't think I have — I don't 13 think I have that with the compare the two and see how— 15 how they compare. 16 Q So you generated actually a side-by-side 17 comparison of your 2016 meta-analysis and your 18 Q No you generated actually a si	5	report; is that correct?	5	I'll look at it and see if I can quickly recognize
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to make sure. If I didn't do it on paper, I did 24 published two years earlier. I had some doubts	23	So I'm pretty sure I did that at some point just	23	
25 it in my mind. I wanted to know, you know, what 25 about that. But that was the decision I made in	24	to make sure. If I didn't do it on paper, I did	24	published two years earlier. I had some doubts
	~ =	it in my mind. I wanted to know you know what	25	about that Rut that was the decision I made in

	Page 190		Page 192
1	2016. In general, when there were different	1	studies over time, the relative risk for the
2	reports from the same study at different	2	association between peritoneal use of I mean
3	intervals, I took the most recent one as being the	3	perineal use of talc and the development of
4	more definitive one.	4	ovarian cancer has actually gone down?
5	When I started analyzing for the 2018	5	MS. PARFITT: Objection. Form.
6	report, I had lingering I remained with the	6	THE WITNESS: I I haven't evaluated
7	lingering doubts about the Green study the	7	that, and I have no reason to agree or disagree
8	Green report and whether it actually was an	8	with it. If you want me to spend a bit of time
9	updated version of the talc results from 2016	9	looking to see if I can
10	from my 2016 report.	10	BY MS. BRANSCOME:
11	And I wrote to Adele Green, who I know	11	Q Well, for example
12	as an acquaintance, not well but enough to write	12	A confirm or
13	and say, You know, what's going on with these	13	Q You are familiar with the Berge 2018
14	what was going on with these two papers? Is it	14	paper, correct?
15	the fact that the result which one has the most	15	A Yeah, yeah.
16	definitive result on talc and ovarian cancer, the	16	Q And the authors in that paper said: "We
17	earlier one or the more recent one? And she wrote	17	confirm the trend toward lower overall risk
18	back and said, The earlier one does. That the	18	estimates as more evidence accumulated."
19	later one and I can't remember the exact	19	MS. PARFITT: Can we get that article in
20	explanation, but it had to do with some cases	20	front of him?
21	being dropped because of reasons having nothing to	21	MS. BRANSCOME: Of course.
22	do with talc but having to do with other	22	MS. PARFITT: Thank you.
23	hypotheses that she was examining.	23	MS. BRANSCOME: It is tab 48.
24	So in any case, the two results are		(A discussion was held off the record.)
25	identical. So it makes no difference. But that	25	MS. PARFITT: It's tab 18?
25	identical. So it makes no difference. But that Page 191	25	Page 193
25		25	
	Page 191		Page 193
1	Page 191 is, in answer to your question, why did it change,	1	Page 193
1 2	Page 191 is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It	1 2	Page 193 THE WITNESS: Tab 48? BY MS. BRANSCOME:
1 2 3	Page 191 is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do.	1 2 3	Page 193 THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48.
1 2 3 4	Page 191 is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail	1 2 3 4	Page 193 THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48.
1 2 3 4 5	Page 191 is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail correspondence that you had with Green?	1 2 3 4 5	Page 193 THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48. Q It may be in your second binder.
1 2 3 4 5 6	is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail correspondence that you had with Green? A I imagine that I did, but I this would have been eight months ago maybe or something.	1 2 3 4 5	THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48. Q It may be in your second binder. A Oh. MS. PARFITT: I will take this one out. And I'll take this one for you.
1 2 3 4 5 6	is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail correspondence that you had with Green? A I imagine that I did, but I this would have been eight months ago maybe or	1 2 3 4 5 6 7	THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48. Q It may be in your second binder. A Oh. MS. PARFITT: I will take this one out.
1 2 3 4 5 6 7 8	is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail correspondence that you had with Green? A I imagine that I did, but I this would have been eight months ago maybe or something.	1 2 3 4 5 6 7	THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48. Q It may be in your second binder. A Oh. MS. PARFITT: I will take this one out. And I'll take this one for you.
1 2 3 4 5 6 7 8	is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail correspondence that you had with Green? A I imagine that I did, but I this would have been eight months ago maybe or something. Q Would it be fair to say that you relied	1 2 3 4 5 6 7 8	THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48. Q It may be in your second binder. A Oh. MS. PARFITT: I will take this one out. And I'll take this one for you. THE WITNESS: Thank you. MS. PARFITT: Of course. THE WITNESS: Thank you.
1 2 3 4 5 6 7 8 9 10 11	is, in answer to your question, why did it change, it wasn't capricious issues. It wasn't wrong. It was the right thing to do. Q Did you retain copies of the e-mail correspondence that you had with Green? A I imagine that I did, but I this would have been eight months ago maybe or something. Q Would it be fair to say that you relied on Green's representation of which dataset was more fulsome in determining what to use in your 2018 metadata?	1 2 3 4 5 6 7 8 9 10 11	THE WITNESS: Tab 48? BY MS. BRANSCOME: Q Tab 48. A I don't have a tab 48. Q It may be in your second binder. A Oh. MS. PARFITT: I will take this one out. And I'll take this one for you. THE WITNESS: Thank you. MS. PARFITT: Of course. THE WITNESS: Thank you. BY MS. BRANSCOME:
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	Page 194		Page 196
1	on my meta-analysis before today, sometime in the	1	here that I'm I haven't fully integrated into
2	past.	2	my evaluation of this paper. But I know what's in
3	Q Do you rely on Berge 2018?	3	it. I know what's the other one. I know what's
4	MS. BRANSCOME: Let's go ahead and mark	4	in this one.
5	that actually as Exhibit 12.	5	Q Okay. So back to my question,
6	(Exhibit No. 12 was marked for	6	Dr. Siemiatycki.
7	identification.)	7	A Yeah.
8	MR. TISI: How long have we been going?	8	Q You stated that you believe that the
9	How long have we been going?	9	Berge 2018 study supports the conclusions that you
10	MS. BRANSCOME: Just under five hours.	10	have reached in this litigation, and my question
11	MR. TISI: No, how long have we been	11	to you was, what do you mean by that?
12	going on this one?	12	A Well, it supports it in a few ways.
13	MS. BRANSCOME: We can take a break	13	One and from my point of view, the most
14	if do you need a break?	14	important one, but probably not for anyone else
15	MR. TISI: I'm just asking.	15	is that they carried out a search of the
16	MS. PARFITT: Do you want a break?	16	literature using a much more intensive and a
17	THE WITNESS: No, let's finish let's	17	much more intensive procedure than I had. I had
18	finish with this.	18	full confidence in the procedure that I had used,
19	MS. PARFITT: Okay.	19	but it was not as long, as lengthy, as costly, et
20	(A discussion was held off the record.)	20	cetera, et cetera, as what and the bottom line
21	BY MS. BRANSCOME:	21	was that they didn't find any papers relevant
22	Q Do you rely in forming your opinions on	22	papers that I hadn't found. So I was very
23	this case on the Berge article that we just marked	23	
24	as Exhibit 12?	24	reassured by this.
25	A I formed my opinions before knowing	25	The second thing is that the bottom line meta-analysis result well, no, the second thing
	74 Tronned my opinions before knowing		mea-maysis result – wen, no, the second timig
	Page 195		Page 197
1	about this article.	1	is that the actual results that they chose from
2	Q Do you believe that the Berge 2018 study	2	the different studies were very similar in most
3	supports the conclusions that you have reached in	3	cases to the ones I had chosen from the different
4	your own meta-analysis?	4	study. So there was a degree of corroboration
5	A Yes, I think it does.	5	there that I was happy about.
6	Q In what way?	6	They adopted a different strategy in one
7	A Well, let me preface that also by saying	7	important respect, and that concerned how to deal
8	that there's been a bit of a a history to this	8	with the Terry paper and the various components of
9	article of I thought the publication there	9	the Terry paper. And with all due respect to this
10	was a version published in 2017, which I thought	10	team, I don't think that there theirs was in
11	was the definitive version that I've always kept	11	error. I prefer my approach that maintained the
12	in my binders as the Berge article, and it's only	12	integrity of the pooled analysis, which has some
13	very recently that I actually came upon this	13	advantages. But there's you know, I wouldn't
14	particular version, which is not greatly changed	14	expect any large differences on the bottom line
15	from the 2017 but slightly changed, and I haven't	15	estimates from their strategy or my strategy. And
16	fully digested the small changes that have been	16	the bottom line results were very similar.
17	made.	17	They also in the previous version,
18	Q If you could sorry for the multiple	18	their evaluation of dose-response was, in my view,
19	binders, but if you want to look at your first	19	deficient in not devoting adequate weight to what
20	binder, tab 13, we can see if that's the paper	20	I think is the most important evidence around
21	that you previously had reviewed as the Berge	21	dose-response in this area, which is the Terry
22	paper.	22	pooled analysis. They focused on studies which
23	A I I don't mind answering questions in	23	provided results by duration of exposure and by
	relation to this version. Just I just wanted	24	frequency of exposure. And I think it's the
24	relation to this version. Just I just wanted	41	requeries of exposure. That I think it's the

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Page 198 Page 200 That's 2016. Okay. 1 important metric. 1 2 2 Q Dr. Siemiatycki, if you could just And the fact that the Terry analysis was 3 3 identify for the record where you're looking so I able to combine an enormous dataset for evaluating 4 dose-response, much greater than any of the 4 can follow along and the record reflects it. 5 studies looking at duration or any of the studies 5 A Right. I'm looking in my report of 2018 6 6 looking at frequency, meant that in my view they in the appendix, page 103, Appendix B. 7 missed an opportunity to properly evaluate 7 Q So looking at Appendix B, which also 8 dose-response by cumulative exposure. 8 helpfully compares Penninkilampi as well, are 9 9 I note very recently that they have -there studies specifically focused on the Berge 10 10 2018 that in your opinion the authors should have they've now used a different statistical procedure 11 11 included in their meta-analysis? for evaluating dose-response by duration and 12 frequency, which is embodied in their Table 3, 12 MS. PARFITT: Objection. Form. 13 which I don't fully understand. It seemed -- this 13 THE WITNESS: Okay. Well, just 14 14 following this table, I see that Gates 2008 was in was the new part of this study, which I haven't --15 I looked quickly in the method section to see a 15 my report, but not in theirs. Now, it wasn't in 16 description of exactly what they did, and I 16 my main analysis; it was in one of my sensitivity 17 17 couldn't find it, but I don't deny that it's analyses. So I have no -- my main analysis and 18 somewhere in the article. I just haven't had time 18 their main analysis concurred about Gates. 19 19 to properly evaluate that part of it. The next one that I see that was in my 20 Q As you sit here today, do you have any 20 analysis but not in theirs was what I call 21 criticisms of the statistical analysis that they 21 Schildkraut B. And Schildkraut B, for the record, 2.2 performed? 2.2 is -- there's no such study, but I've named it 23 A All of it? You're referring to all of 23 Schildkraut B. It's the result of the analysis of 24 it? Well, I --24 the Schildkraut study of cases that were 25 25 MS. PARFITT: Objection. Form. interviewed before 2014, I think it was. Page 199 Page 201 1 THE WITNESS: I note that their bottom 1 BY MS. BRANSCOME: 2 2 line meta-relative risk is lower than the one that Q And we will discuss that in more detail, 3 3 I estimated. And I'm not sure why that is. To me but do you consider it an error for the Berge 4 the -- the difference in -- the minor differences 4 authors to just have taken the Schildkraut 2016 5 in the studies included or excluded is not data as a whole? 6 6 sufficient to explain that, and I wonder if it's a A No, I don't consider it an error. In 7 7 software issue, of them having used a different fact, I used it -- not in my main analysis but in 8 software for meta-analysis than I used. But it's 8 one of my sensitivity analyses. 9 not a criticism necessarily. I just note this 9 The same with Shushan. So Shushan '96 10 10 was in my -- one of my sensitivity analyses, not discrepancy. 11 BY MS. BRANSCOME: 11 in my main analysis, and they did not include it 12 Q Are there any studies that you included 12 in their main analysis. So we agreed on the main 13 in your meta-analysis in 2018 that the Berge 13 analyses there. 14 authors failed to consider that you think they 14 Terry, I included in mine, and they 15 should have included? 15 didn't include Terry. They included the component 16 A So I'll go back to my report, because I 16 parts of Terry. 17 do have a table outlining that in my report. 17 So there was no -- there was no study 18 MS. PARFITT: You want your report? 18 that was in my main analysis that was not in 19 THE WITNESS: Yeah, my report, back to 19 20 20 Q Okay. And looking quickly back at the my report. 21 MS. PARFITT: Let me get you that. 21 Berge article, coming full circle to the question 22 BY MS. BRANSCOME: 22 that I started with, if you could look on page 253 23 Q And we'll take a break after we finish 23 of that paper. 24 24 MS. PARFITT: Yes, 253. this paper. 25 A Thank you. 25 BY MS. BRANSCOME:

51 (Pages 198 to 201)

		T .	
	Page 202		Page 204
1	Q Under the Discussion section, do you see	1	BY MS. BRANSCOME:
2	where I am?	2	Q Based on the evidence that's available
3	A Yes, I do.	3	today, do you think there is strong enough
4	Q All right. The second paragraph under	4	epidemiological evidence to reach a conclusion
5	Discussion from the Berge paper states: "This	5	about the association between talc genital talc
6	meta-analysis suggests that genital powder use is	6	use and other specific subtypes of ovarian cancer?
7	associated with a small increased risk of	7	A I think it becomes very fragile to draw
8	developing ovarian cancer. However, this positive	8	inferences about other types. And in the absence
9	association appears to be limited to the serous	9	of reliable evidence about other types, you know,
10	histological type and to case-control studies."	10	especially those that have a smaller fraction of
11	Did I read that correctly?	11	all ovarian cancers than serous type, I think the
12	A You read it correctly.	12	prudent thing to do is to consider that all
13	Q It continues on: "This estimate is	13	ovarian cancers are affected the same way.
14	somewhat lower than that of previous	14	The same way as with we do with lung
15	meta-analysis," and in parentheses, it refers	15	cancer and smoking and histologic types of lung
16	specifically to Huncharek and Langseth, colon, "In	16	cancer. While there is some variability in the
17	our cumulative meta-analysis, we confirmed the	17	degree of relative risk between smoking and
18	trend toward lower overall risk estimates as more	18	adenocarcinoma or squamous cell carcinoma or other
19	evidence accumulated."	19	types, small cell, large cell, for lung cancer,
20	First, did I read that correctly?	20	there is some variability in the degree of
21	A You read it correctly.	21	relative risk. Generally speaking, we say smoking
22	Q Do you have any basis to disagree with	22	causes cancer. Smoking causes all kinds of
23	the statement by the Berge authors in this	23	causes lung cancer, all kinds of lung cancer.
24	paragraph in the Discussion section?	24	Q Are you qualified to evaluate the
25	MS. PARFITT: Objection. Form.	25	reasonableness of making an extrapolation from one
	Page 203		Page 205
1		1	
1 2	THE WITNESS: So there are a few	1 2	subtype of ovarian cancer to all types of ovarian
	THE WITNESS: So there are a few statements in this paragraph, not just one.	2	subtype of ovarian cancer to all types of ovarian cancer in terms of what is biologically plausible?
2	THE WITNESS: So there are a few	1	subtype of ovarian cancer to all types of ovarian cancer in terms of what is biologically plausible? MS. PARFITT: Objection to form.
2 3	THE WITNESS: So there are a few statements in this paragraph, not just one. Do you want me to take them one by one?	2 3	subtype of ovarian cancer to all types of ovarian cancer in terms of what is biologically plausible?
2 3 4	THE WITNESS: So there are a few statements in this paragraph, not just one. Do you want me to take them one by one? BY MS. BRANSCOME:	2 3 4	subtype of ovarian cancer to all types of ovarian cancer in terms of what is biologically plausible? MS. PARFITT: Objection to form. THE WITNESS: My inferences would be
2 3 4 5	THE WITNESS: So there are a few statements in this paragraph, not just one. Do you want me to take them one by one? BY MS. BRANSCOME: Q Sure.	2 3 4 5	subtype of ovarian cancer to all types of ovarian cancer in terms of what is biologically plausible? MS. PARFITT: Objection to form. THE WITNESS: My inferences would be based on the statistical and epidemiological
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Page 206 Page 208 1 guess if I were writing this, I would qualify it misstates his testimony. 2 somehow, and -- no, I think I'll just leave --2 THE WITNESS: It requires looking at 3 3 leave that there, and you may have follow-up which studies were included in each of these meta-analyses, and which results were chosen by 4 questions about the case-control/cohort 4 5 5 comparison. the meta-analysis people who did these 6 Q Is there anything else in this paragraph б meta-analyses from each paper. The meta-analysis 7 in the Discussion section of Berge 2018 with which 7 is somewhat sensitive to which studies are 8 8 selected and -- so the same study might have been vou disagree? 9 9 MS. PARFITT: And can you refer him to selected in the 2004 meta-analysis as in the 2016, 10 10 the left-hand side of the discussion or the but they chose -- they decided to choose an 11 entire --11 estimate from -- a result from that paper that 12 MS. BRANSCOME: The second full 12 they thought was the most reasonable one and 13 13 that's different. paragraph in the Discussion section. 14 14 MS. PARFITT: Which starts with "An So one would have to do side-by-side 15 15 comparisons of which studies were included and important." 16 THE WITNESS: So I -- I think what --16 which results before concluding that this is 17 17 because of a downward trend. You also need to BY MS. BRANSCOME: 18 Q No, it begins with "This meta-analysis 18 know when the data were collected. 19 19 suggests." You know, I'm not sure if the -- if you 20 A Yeah. Yeah. 20 are implying or if they are implying that -- you 21 So your question -- the question is 21 know, I -- a declining trend, if there is one, in 2.2 about that sentence that says: "This estimate is 2.2 meta-analyses -- these are the years of the 23 somewhat lower. In our cumulative meta-analysis, 23 meta-analysis, not the years that women were 24 we confirmed the trend towards lower," da, da, da, 24 exposed. So there's no implication -- direct 25 25 and that refers I guess specifically to Figure 4 implication here that the risks to women are Page 207 Page 209 1 on the following page. 1 declining over time. So if it's only the fact 2 2 Certainly the confidence intervals, if that meta-analyses carried out at different points 3 you look at the confidence intervals of the 3 in time showed very slightly different results, I 4 meta-estimates in that Figure 4, from 1988 through 4 don't find that a noteworthy observation. But... 5 2016, everything is embedded in everything. So BY MS. BRANSCOME: 6 6 from the point of view of statistical variability, Q And you agree that meta-analyses are 7 7 it would be difficult to argue that there is a sensitive to the judgments applied by the authors 8 real statistical -- statistically meaningful 8 of those studies, correct? 9 difference between the trendline from -- through 9 A Yes, they are, but to -- to a degree. I 10 10 that whole period. mean you have to weigh the -- the degree of 11 There is a tendency by eye for a 11 bias -- or not the bias, but the -- the influence 12 decline. I don't know in their paper, in the text 12 of particular decisions that you might make. 13 13 I've done an analysis looking at what whether they've characterized the decline with any 14 14 happens when you include or exclude studies, and regression coefficients or not. I don't remember. 15 It seems to me like a rather weak trend to make a 15 you could exclude any study from my meta-analysis 16 big point about. So I wouldn't disagree with 16 and you'd find the same result. So if any of 17 17 the -- the point they're making, but I think it's these studies in my meta-analysis are completely 18 not strongly supported. There isn't a strong 18 wrong, if they were completely invented, if the 19 trend downwards in this line, in this figure. 19 women were never actually interviewed but the 20 Q So you would agree with the authors that 20 investigator just wrote a paper on a Sunday 21 there is a downward trend in the risk assessment 21 afternoon, and you're suspicious that this study 22 over time as more evidence accumulated, but you 22 was -- or badly -- whatever, if you take any one 23 might disagree with them about the strength of 23 of these studies and take it out of the mix, it 24 that trend. Is that fair? 24 wouldn't affect the meta-relative risk. 25 25 MS. PARFITT: Objection. Form, MS. BRANSCOME: Okay. I think this is a

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2 3	good place to take a break. MS. PARFITT: Very good. Thank you.	1	Q But if it's your preference to look at
2 3 4 5	MS. PARFITT: Very good. Thank you.	١ ،	• •
4 5		2	the paper now, it is tab 15.
5	THE VIDEOGRAPHER: We're going off the	3	A It's in this binder, I think.
	record at 5:07 p.m.	4	MS. PARFITT: Here it is. Thank you.
6	(Recess.)	5	THE WITNESS: Thank you.
I 3	THE VIDEOGRAPHER: This begins disc	6	Okay. The so one includes all
7	number 5 in the deposition of Jack Siemiatycki.	7	Schildkraut A includes all of the cases
8	We're going back on the record at 5:36 p.m.	8	interviewed the whole period, and the
9	BY MS. BRANSCOME:	9	Schildkraut B includes cases after 2014, but I'm
10	Q One of the decisions that you had to	10	not sure if it includes 2014. But
11	make in conducting your meta-analysis was how to	11	BY MS. BRANSCOME:
12	treat the Schildkraut 2006 study, correct?	12	Q Let me ask a clarification on that one,
13	A 2000	13	Dr. Siemiatycki.
14	Q '16.	14	Schildkraut 2016-B shows results for
15	A Thank you. Yes.	15	individuals interviewed before 2014, correct?
16	Q Okay. For purposes of your	16	A I'm sorry, which one, B? Schildkraut B?
17	meta-analysis, you divided Schildkraut 2016 into	17	Q Schildkraut 2016-B.
18	two sets of results, correct?	18	A B.
19	A "Divided" isn't quite the right word.	19	Q I believe you just stated after, so I
20	Q How would you describe it?	20	A I see. Okay.
21	A Because they're not separate, one	21	Q wanted to seek clarification there.
22	includes the other.	22	A Okay. Yeah, I'm
23	Q Okay.	23 24	Q If it's helpful
24	A So just the word "divided" I'm not	25	A It's late in the day. Let me
25	sure what the right word is, but there were two	<u> </u>	Q Sure. If it's helpful to you to
	Page 211		Page 213
1	sets of results reported, and I used both sets of	1	reference in your report, you discuss your
2	results. One is embedded one set is embedded	2	separation of Schildkraut on page 74, Note 6.
3	in the other.	3	A That's why I wanted my report in a small
4	Q So correct me if I'm wrong, Schildkraut	4	binder, rather than before 2014, yes.
5	2016-A shows results from all subjects who were	5	Q And the reason that you divided
6	interviewed in the study from 2010 through 2015.	6	separated the study into those two groups, one
7	Schildkraut 2016-B is a subset of that that	7	which is inclusive of the other, is to account for
8	includes the results for subjects who were	8	the possibility that publicity surrounding two
9	interviewed before 2014, correct?	9	class action lawsuits on talc and ovarian cancer
10	MS. PARFITT: And, Counsel, if we could	10	in 2014 may have induced bias in the validity of
11	get Schildkraut in front of him, would that be all	11	reporting talc exposure; is that correct?
12	right?	12	A That's correct.
13	MS. BRANSCOME: Sure.	13	Q Okay. But in your main meta-analysis
14	BY MS. BRANSCOME:	14	you use Schildkraut A, which includes all subjects
15	Q If you need to reference it	15	interviewed from 2010 to 2015, correct?
16	MS. PARFITT: Sure.	16	A That's correct.
17	BY MS. BRANSCOME:	17	Q When you substituted Schildkraut B,
18	Q to answer my questions, certainly.	18	which included only subjects interviewed before
19	A If you're going yes, I think you're	19	2014, for Schildkraut A, all subjects interviewed
20	right in what you said, but if you want me to look	20	from 2010 to 2015, the relative risk estimate for
21	at specific results in the paper, maybe I should	21	the meta-analysis goes down, correct?
22	have it in front of me.	22	A Yes. From 1.28 to 1.27.
23	Q I was going to direct you there when we	23	MS. BRANSCOME: If we could mark
	got to those questions.	24	Schildkraut ac Hybibit 13
24 25	A Okay.	25	Schildkraut as Exhibit 13. THE WITNESS: There's a label here

54 (Pages 210 to 213)

	Page 214		Page 216
1	already.	1	A Yes, that's correct.
2	MS. PARFITT: There is. I will go ahead	2	Q All right. And the those are for the
3	and just you don't care there's a defense	3	cases, meaning individuals who had been diagnosed
4	label of 1436. Can I go ahead and put the exhibit	4	or reported as diagnosed with ovarian cancer,
5	over top of it? Does it matter to you? Okay.	5	correct?
6	This will be 13.	6	A Correct.
7	(Exhibit No. 13 was marked for	7	Q And if you compare that against the
8	identification.)	8	controls, 34 percent is the reported number for
9	BY MS. BRANSCOME:	9	women without ovarian cancer who reported any
10	Q All right. If you could,	10	genital use of talcum powder that were interviewed
11	Dr. Siemiatycki, please turn to Table 2, which is	11	before 2014, correct?
12	on page 1414 of Exhibit 13.	12	A That's correct.
13	A I see it.	13	Q And if we look at those same
14	Q Before doing that, can you just simply	14	percentages for the individuals who were
15	confirm that Exhibit 13 is in fact the Schildkraut	15	interviewed after 2014, the percentage of cases,
16	study?	16	meaning individuals who have been diagnosed or
17	A Yes, it is.	17	reported as diagnosed with ovarian cancer who
18	Q And we see in Table 2 that there is a	18	claim to have used talc genitally at any point in
19	category for interview date less than 2014, and	19	time, goes up to 51.5 percent compared to a
20	then another category for interview date greater	20	control of 34.4 percent, correct?
21	than 2014. Correct?	21	A That's correct.
22	A Yes, I see that.	22	Q All right. And so if we compare
23	Q All right. And we see that there are	23	individuals interviewed before 2014 who have been
24	odds ratios for any genital use for both of these	24	diagnosed or reported as diagnosed with ovarian
25	categories, correct?	25	cancer to those individuals in the same category
	Page 215		Page 217
1	A Yes, I see that.	1	who were interviewed after 2014, you see at least
2	Q And the odds ratio for any genital use	2	a 12 percent increase in those figures; is that
3	for individuals who were interviewed after 2014 is	3	correct?
4	higher than the odds ratio for any genital use for	4	A 12 percent representing which which
5	those individuals who were interviewed before	5	two numbers?
6	2014, correct?	6	Q Representing the difference between the
7	A That's correct.	7	cases who reported genital use of talcum powder
8	Q And it also shows the number of		A Th - 26 59
		8	A The 36.5?
9	individuals that fell in those respective	9	Q as compared to the 51.5 percent.
10	individuals that fell in those respective categories, correct?	9 10	Q as compared to the 51.5 percent.A So you you said it's 12 percent? I
10 11	individuals that fell in those respective categories, correct? A Yes, correct.	9 10 11	Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent.
10 11 12	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the	9 10 11 12	 Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is.
10 11 12 13	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the reported data, the percentage of women with	9 10 11 12 13	Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is. A Okay.
10 11 12 13 14	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the reported data, the percentage of women with with ovarian cancer who reported any genital use	9 10 11 12 13 14	 Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is. A Okay. Q That is correct.
10 11 12 13 14 15	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the reported data, the percentage of women with with ovarian cancer who reported any genital use of talc who were interviewed before 2014 was	9 10 11 12 13 14 15	 Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is. A Okay. Q That is correct. But if you do the same comparison for
10 11 12 13 14 15	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the reported data, the percentage of women with with ovarian cancer who reported any genital use of talc who were interviewed before 2014 was 36.5 percent, correct?	9 10 11 12 13 14 15 16	 Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is. A Okay. Q That is correct. But if you do the same comparison for the control group, you don't see a similar
10 11 12 13 14 15 16	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the reported data, the percentage of women with with ovarian cancer who reported any genital use of talc who were interviewed before 2014 was 36.5 percent, correct? A Can you run that by me again? Show me	9 10 11 12 13 14 15 16 17	Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is. A Okay. Q That is correct. But if you do the same comparison for the control group, you don't see a similar increase or a similar difference in the reporting
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10 11 12 13 14 15 16 17 18 19 20 21 22	individuals that fell in those respective categories, correct? A Yes, correct. Q And so just simply looking at the reported data, the percentage of women with with ovarian cancer who reported any genital use of talc who were interviewed before 2014 was 36.5 percent, correct? A Can you run that by me again? Show me where the Q Sure. A So interview date before 2014, any genital use, the percentage 36.5, number 128, is that what	9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q as compared to the 51.5 percent. A So you you said it's 12 percent? I think it's like 14 percent. Q It is. A Okay. Q That is correct. But if you do the same comparison for the control group, you don't see a similar increase or a similar difference in the reporting percentages for individuals interviewed before 2014 as after 2014, correct? A That's correct. Q Okay. Are those results compatible with the existence of recall bias for individuals
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55 (Pages 214 to 217)

	Page 218		Page 220
1	Q Okay. Was litigation-related recall	1	column seems to suggest that data was collected
2	bias considered by IARC as a possible bias that	2	from a number
3	could explain the association between perineal	3	A Oh.
4	talc use and ovarian cancer?	4	Q of different states across the United
5	A In 2006?	5	States, correct?
6	Q Correct.	6	A Correct. Correct.
7	A I I can't remember verbatim the	7	Q And so at least based on your review as
8	discussions, and I can't remember a discussion of	8	you sit here today, the authors do not seem to
9	litigation-related impact on response bias. I	9	have limited the potential effect of publicity of
10	doubt if there would have been any at that time,	10	the class action lawsuits to a precise region,
11	but and I don't recall any discussion of it.	11	correct?
12	Q And at least the Schildkraut authors are	12	A That seems to be the case.
13	identifying 2014 as a significant year with	13	Q Okay.
14	respect to widespread knowledge of lawsuits	14	A Yes.
15	involving talcum powder and a claim of ovarian	15	Q And so your understanding or your
16	cancer	16	testimony earlier that the publicity was only
17	MS. PARFITT: Objection. Form.	17	localized, you're not able to point me to anything
18	BY MS. BRANSCOME:	18	in the article to support that, correct?
19	Q correct?	19	A That's correct.
20	MS. PARFITT: Objection. Form.	20	Q And in fact, in the two portions of the
21	THE WITNESS: I if you may, I think	21	Schildkraut article that discuss the publicity,
22	what they refer to is localized publicity, not	22	there is no specific reference to it being limited
23	widespread publicity.	23	to an area, correct?
24	BY MS. BRANSCOME:	24	MS. PARFITT: Objection. Form.
25	Q If you can, can you refer me to the	25	THE WITNESS: In the two sorry.
	Page 219		Page 221
1	language in the paper that references that.	1	BY MS. BRANSCOME:
1 2	A So I see a mention of it in the on	1 2	Q So there's one discussion of the
	A So I see a mention of it in the on page 1412, second column, last paragraph, about		Q So there's one discussion of the potential public the potential effect of
2	A So I see a mention of it in the on page 1412, second column, last paragraph, about seven or eight lines from the bottom, the sentence	2 3 4	Q So there's one discussion of the potential public the potential effect of publicity, which is on page 1412.
2 3 4 5	A So I see a mention of it in the on page 1412, second column, last paragraph, about seven or eight lines from the bottom, the sentence beginning: "Two class action lawsuits were filed	2 3 4 5	Q So there's one discussion of the potential public the potential effect of publicity, which is on page 1412. A Yeah.
2 3 4 5 6	A So I see a mention of it in the on page 1412, second column, last paragraph, about seven or eight lines from the bottom, the sentence beginning: "Two class action lawsuits were filed in 2014 concerning possible carcinogenic effects	2 3 4 5 6	Q So there's one discussion of the potential public the potential effect of publicity, which is on page 1412. A Yeah. Q And then there is a second discussion of
2 3 4 5 6 7	A So I see a mention of it in the on page 1412, second column, last paragraph, about seven or eight lines from the bottom, the sentence beginning: "Two class action lawsuits were filed in 2014 concerning possible carcinogenic effects of body powder, which may have influenced recall."	2 3 4 5 6 7	Q So there's one discussion of the potential public — the potential effect of publicity, which is on page 1412. A Yeah. Q And then there is a second discussion of it on page 1416 —
2 3 4 5 6 7 8	A So I see a mention of it in the on page 1412, second column, last paragraph, about seven or eight lines from the bottom, the sentence beginning: "Two class action lawsuits were filed in 2014 concerning possible carcinogenic effects of body powder, which may have influenced recall." Now, there's a reference there, but the	2 3 4 5 6 7 8	Q So there's one discussion of the potential public — the potential effect of publicity, which is on page 1412. A Yeah. Q And then there is a second discussion of it on page 1416 — A Yes.
2 3 4 5 6 7 8 9	A So I see a mention of it in the on page 1412, second column, last paragraph, about seven or eight lines from the bottom, the sentence beginning: "Two class action lawsuits were filed in 2014 concerning possible carcinogenic effects of body powder, which may have influenced recall." Now, there's a reference there, but the reference doesn't indicate where those class	2 3 4 5 6 7 8	Q So there's one discussion of the potential public the potential effect of publicity, which is on page 1412. A Yeah. Q And then there is a second discussion of it on page 1416 A Yes. Q in the Discussion section, and
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	Page 222		Page 224
1	it's strictly due to response bias.	1	impact on the bottom line result. Some errors
2	But go ahead and	2	might have large effects, so it would depend what
3	Q The authors do recognize, though, that	3	the errors were.
4	there is a possibility of recall bias may have	4	But since his studies were mostly the
5	caused some inflation of the odds ratios, correct?	5	same as the ones I had used and the same ones that
6	A Yes.	6	Berge had used, and since the results that he had
7	MS. PARFITT: Wait, that's part	7	taken out of those studies were mostly the same
8	that's part of the sentence. Objection.	8	ones I had taken out and that Berge had taken out,
9	THE WITNESS: Yeah. Yeah.	9	I fully expected his bottom line meta-analysis to
10	BY MS. BRANSCOME:	10	produce the same results.
11	Q Are you relying on Penninkilampi 2018	11	BY MS. BRANSCOME:
12	for your opinions in this litigation?	12	Q The Penninkilampi study does not
13	A My opinions were informed before I knew	13	consider or include the Gates 2010 cohort study,
14	about that article.	14	correct?
15	Q Do you believe that the Penninkilampi	15	A Correct.
16	2018 study supports your conclusions in this	16	Q Do you think Gates 2010 - and if you
17	litigation?	17	would prefer to refer to Penninkilampi, it is
18	A It's consistent with my conclusions. A	18	tab 20.
19	little bit like Berge, the fact that they didn't	19	A Yeah.
20	pick up any studies that I hadn't that I had	20	Q In your opinion, is
21	not picked up reassures me that there was nothing	21	MS. PARFITT: I have a clean one right
22	amiss in my search of the literature.	22	here with the if we use two books, we can do it
23	There were some differences in which	23	to save time, but
24	studies they included in their meta-analysis and	24	THE WITNESS: Sorry?
25	which data. I'm happy with the decisions the	25	MS. PARFITT: Do you want that?
	Page 223		Page 225
1	judgments I had made about it. So there are some	1	THE WITNESS: No. I'm actually looking
2	judgments I had made about it. So there are some minor variations there. But essentially they	2	THE WITNESS: No. I'm actually looking for my copy of the Gates 2010.
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Page 226 Page 228 1 Well, yes, there are some flaws with it, 1 authors of the Penninkilampi 2018 publication? 2 but they're related to the fact that this builds 2 A No, I don't. 3 3 on the Nurses' Health Study, which is a good and Q Do you know or have any information 4 well deservedly recognized, good prospective 4 about the source or sources of funding for the 5 5 cohort study which focused on many factors in Penninkilampi article? 6 women's lives, including predominantly nutritional 6 A No, I don't, no. I -- I would add, 7 reproductive, hormonal factors, and all kinds of 7 though, that the inclusion or exclusion of Gates 8 diseases, all heart disease, diabetes, et cetera, 8 2010 probably didn't affect the bottom line result 9 et cetera. There have been hundreds and hundreds 9 of their meta-analysis by more than 0.01 decimal 10 10 of publications that have come out of it. point of the odds ratio. 11 11 Q But did they publish any type of Their collect- -- the collection of talc 12 12 sensitivity analysis that would let you information in the Nurses' Health Study was very 13 13 specifically draw that conclusion? weak. The questionnaire was conducted in 1982. 14 14 A Well, I -- I have done one myself where It was part of a biannual follow-up mailed 15 questionnaire. The question itself and the 15 I dropped each of the studies in order to see what 16 16 structure of the question itself I find very weak would be the impact if that study had been 17 17 from the point of view of designing questions for dropped. And there's hardly -- no study has more 18 18 questionnaires. I mean, I -- I could read it into than a 1 decimal -- you know, 0.01 decimal point 19 the record, but it's in the -- it's in the -- it's 19 on the odds ratio. 20 quoted in the Gertig paper, and it's actually --20 So we could argue about the merits of 21 I've seen that page of the questionnaire, and 21 any of these studies or demerits, but the impact 22 it's -- I find it ambiguous as to how women would 22 of including them or excluding an individual study 23 23 is pretty minimal. answer that question. 24 24 Q Shushan 1996 is one of the studies you And it's only one question for that 25 25 point in time. There was never any follow-up. So did not include in your main meta-analysis, Page 227 Page 229 1 between 1982 and 2007 or so, when the follow-up of 1 correct? 2 2 the -- for the Gates analysis ended, they had no A Correct. 3 idea whether women were exposed -- whether women 3 Q And you reported that you did not 4 who had been exposed in 1982 were in exactly the 4 include it because the report was quite cryptic 5 same exposure category in 1990, in 2000, in 2005 5 regarding the data collection and the talc 6 and so on. They made the assumption that women's б exposure variable, correct? 7 exposure status was stable for 25 years. And so 7 A That's correct. 8 that's a major weakness of the analysis of talc 8 Q What did you mean by the report was 9 and ovarian cancer in -- from this study. 9 quite cryptic regarding the data collection? 10 10 A So I have to take a couple of minutes to BY MS. BRANSCOME: 11 Q So in your view, was it proper for the 11 review that -- to look at that paper to answer 12 Penninkilampi authors to leave Gates 2010 out of 12 your question. 13 13 their meta-analysis? Well, so the first thing that strikes 14 14 A That's not what I said. That's not what me -- and I haven't read the description of how 15 15 they collected the data. The first thing that I said. 16 I -- I think to go down the road of 16 strikes me is they have a table, Table 2 on 17 making value judgments about each of these studies 17 page 15, with some information about these various 18 and including them or not including them would end 18 variables, including talc exposure. And the two 19 up in the need for many days of deposition and 19 categories of talc exposure that they describe in 20 cross-examination, because each of those -- any 20 this table, one is called "Never - seldom," and 21 21 the other one is called "Moderate - a lot." I decision about any study can be argued umpteen 2.2 ways. And that's why I took the decision early on 22 don't know what that means. So that's one 23 not to make exclusions based on my judgment of the 23 element -- how they present it and how they

58 (Pages 226 to 229)

But I think actually how they collected

24

25

analyze the data.

24

25

quality of the study.

Q Do you personally know any of the

	Page 230		Page 232
1	the data also led me to describe the the	1	Q Which author do you know?
2	information on exposure as being cryptic.	2	A Daniel Krewski.
3	Q Okay. Are you familiar with the 2018	3	Q You have published many papers with, is
4	paper by Mohamed Taher and others entitled "The	4	it, Dr. Krewski?
5	systematic review and meta-analysis: The	5	A Yes.
6	association between perineal use of talc and risk	6	Q Is that correct?
7	of ovarian cancer"?	7	A Yes. Yes, it is.
8	A Yes, I am.	8	Q How many papers have you published with
9	Q Okay. Have you read the Taher 2018	9	him?
10	manuscript?	10	A I'll look at my CV and count.
11	A Yes. I haven't read all the appendices,	11	Q Would it be fair to say over 20?
12	but I basically read enough that I know what's in	12	A Oh, I would be surprised if it was that
13	it.	13	high. But if you've counted, I won't contradict
14	Q Did you have access to the Taher 2018	14	what you what you say.
15	article before it was published?	15	Q Let's do it this way: Would all of the
16	A I don't think it's been published.	16	papers that you have coauthored with Dr. Krewski
17	Q How did you get access to the Taher	17	be listed on your CV?
18	manuscript and the appendices?	18	A Yes.
19	A I heard about I first heard about the	19	Q Have you discussed your opinion on talc
20	Canadian Department of Health advisory, or	20	and ovary ovarian cancer with Dr. Krewski?
21	whatever the word is, about talc and ovarian	21	A No.
22	cancer in the public media. And I I think in	22	Q Have you discussed your opinion on talc
23	the news report that I saw, there was a reference	23	and ovarian cancer with any of the authors of the
24	to Taher the Taher paper. That's how I first	24	Taher manuscript?
25	learned about something by them.	25	A No.
	Page 231		Page 233
1	Page 231 And I wrote to Ms. Parfitt I sent a	1	
1 2		1 2	Page 233 Q Have you spoken to or otherwise communicated with Dr. Krewski about your
	And I wrote to Ms. Parfitt I sent a		Q Have you spoken to or otherwise
2	And I wrote to Ms. Parfitt I sent a message to Ms. Parfitt asking her if she knows	2	Q Have you spoken to or otherwise communicated with Dr. Krewski about your
2	And I wrote to Ms. Parfitt I sent a message to Ms. Parfitt asking her if she knows anything about this and has that information, and	2 3	Q Have you spoken to or otherwise communicated with Dr. Krewski about your involvement as an expert in this litigation?
2 3 4	And I wrote to Ms. Parfitt I sent a message to Ms. Parfitt asking her if she knows anything about this and has that information, and she wrote back, I think, and said, No, I thought	2 3 4	Q Have you spoken to or otherwise communicated with Dr. Krewski about your involvement as an expert in this litigation? A No, I haven't.
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59 (Pages 230 to 233)

	Page 234		Page 236
1	A Correct.	1	one in the binders you gave him? That may help.
2	Q And Taher 2018 calculates an overall	2	MS. BRANSCOME: It's tab 31.
3	relative risk of 1.28, correct?	3	MS. PARFITT: Thank you.
4	MS. PARFITT: If we could just get that	4	Tab 31. I appreciate that.
5	in front of him.	5	No, you can keep yours.
6	MS. BRANSCOME: Oh, of course.	6	THE WITNESS: Okay.
7	MS. PARFITT: Do you have your copy? I	7	MS. PARFITT: There you go, just for the
8	appreciate that.	8	record. Okay. Thank you.
9	MS. BRANSCOME: It is tab	9	BY MS. BRANSCOME:
10	MS. PARFITT: I think he may have it as	10	Q So my question to you, Dr. Siemiatycki,
11	well and	11	is Taher 2018 calculates an overall relative risk
12	THE WITNESS: I have it	12	of 1.28. Is that correct?
13	MS. PARFITT: Make that a little easier	13	A That's what it says in the abstract,
14	and more quicker.	14	yes.
15	MR. TISI: Do you want to mark it?	15	Q And the confidence interval that they
16	MS. BRANSCOME: We have already marked	16	report is 1.2 to 1.37, correct?
17	Dr. Siemiatycki's binder.	17	A Yes.
18	MR. TISI: Okay. We can	18	Q So the overall relative risk as well as
19	MS. BRANSCOME: I believe that contains	19	the confidence interval reported in the Taher 2018
20	the the manuscript and the exhibits.	20	paper is very similar to the overall relative risk
21	MS. PARFITT: And that is binder 6,	21	and confidence interval that you report in your
22	Exhibit 6.	22	analysis for the MDL, correct?
23	MR. TISI: You said binder, going with	23	A That's correct. Which is not
24	his or the one	24	surprising.
25	MS. PARFITT: Exhibit 6.	25	Q And if you could turn to page 49 of the
	Page 235		Page 237
1	MS. BRANSCOME: Exhibit 6 is	1	Taher paper. You see the Conclusion section?
2	Dr. Siemiatycki's copy of the Taher manuscript	2	A Yes.
3	with the appendices and supplemental tables.	3	Q The authors of the Taher paper state in
4	BY MS. BRANSCOME:	4	the Conclusion section: "Consistent with previous
5	Q Is that correct?	5	evaluations, the IARC in 2010 and subsequent
6	A That's correct.		
		6	
7	MR. TISI: And that's in his binder,		evaluations by individual investigators, the
7 8		6	
	MR. TISI: And that's in his binder,	6 7	evaluations by individual investigators, the present comprehensive evaluation of all currently available relevant data indicates that perineal
8	MR. TISI: And that's in his binder, Exhibit 6.	6 7 8	evaluations by individual investigators, the present comprehensive evaluation of all currently
8 9	MR. TISI: And that's in his binder, Exhibit 6. THE WITNESS: I don't I didn't bring	6 7 8 9	evaluations by individual investigators, the present comprehensive evaluation of all currently available relevant data indicates that perineal exposure to talc powder is a possible cause of
8 9 10	MR. TISI: And that's in his binder, Exhibit 6. THE WITNESS: I don't I didn't bring the supplemental tables and appendices with me.	6 7 8 9 10	evaluations by individual investigators, the present comprehensive evaluation of all currently available relevant data indicates that perineal exposure to talc powder is a possible cause of ovarian cancer in humans."
8 9 10 11	MR. TISI: And that's in his binder, Exhibit 6. THE WITNESS: I don't I didn't bring the supplemental tables and appendices with me. BY MS. BRANSCOME:	6 7 8 9 10 11	evaluations by individual investigators, the present comprehensive evaluation of all currently available relevant data indicates that perineal exposure to talc powder is a possible cause of ovarian cancer in humans." First, did I read that correctly?
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60 (Pages 234 to 237)

	Page 238		Page 240
1	of all currently available, but to answer that	1	Q And that they examined those studies
2	strictly, I would want to do a comparison of the	2	closely enough at least to reach the conclusion in
3	two. But I'm willing to accept.	3	their own mind that their results were consistent
4	Q Okay. And we see here even in this	4	with those findings.
5	sentence that we just read that there's a	5	MS. PARFITT: Objection. Form.
6	reference there to the IARC publication in 2010.	6	THE WITNESS: Yes.
7	We've already discussed that, correct?	7	BY MS. BRANSCOME:
8	A Yes.	8	Q Are there any scientific publications
9	Q And then there's a reference to	9	that were available to you during your review in
10	subsequent evaluations by individual	10	connection with your formation of opinions in the
11	investigators, and there's a reference there to	11	MDL that were not available to the authors of the
12	articles or studies 3, 5 and 69. Do you see that?	12	Taher manuscript?
13	A I see that.	13	MS. PARFITT: Objection. Form.
14	Q And looking at the reference pages,	14	THE WITNESS: So are you talking about
15	beginning on page 51, would you agree that	15	the meta-analysis that are you talking about
16	reference 3 is the Berge analysis, this citation	16	studies that went into meta-analysis or are you
17	is to 2017, correct?	17	talking about the, you know, 200 or 300 references
18	A Correct.	18	in my bibliography?
19	Q Five is Penninkilampi, correct?	19	BY MS. BRANSCOME:
20	A Correct.	20	Q Fair enough.
21 22	Q And the last reference, which is 69, is	21	Are there any studies that you included
23	to the Terry meta-analysis. Do you see that? A Terry is not a meta-analysis. It's a	22	in your meta-analysis that, at least to your
24	pooled analysis. But I see that, yes.	23	knowledge, were available to you and were not
25	Q Okay. So the reference in the Taher	24	available to the Taher authors?
23	Q Okay. So the reference in the rainer	25	MS. PARFITT: Objection. Form.
	Page 239		Page 241
1		1	
1 2	manuscript to reference 69 is to the Terry pooled	1 2	THE WITNESS: Oh, they would have been
2	manuscript to reference 69 is to the Terry pooled analysis from 2013, correct?	2	THE WITNESS: Oh, they would have been available because all of my the studies I used
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	Page 242		Page 244
1	effort to a a futile activity.	1	criteria, but which are not criteria and shouldn't
2	I'm not uninterested in what they did or	2	be called criteria.
3	what they found, but I can predict pretty quickly	3	Q Understanding that you have specific
4	what they did and what they found, and I I know	4	views about the appropriateness and application of
5	the studies that they reviewed, that they had	5	it, you are at least familiar with what is
6	access to. There's nothing that they would find	6	sometimes referred to as a Bradford Hill analysis
7	that I wouldn't be able to predict. MS. BRANSCOME: Okay.	7 8	or the Hill criteria, correct?
8	· · · · · · · · · · · · · · · · · · ·	9	A I don't again, the phrase "Bradford
9 10	Now may be a good time to take a break.		Hill analysis" doesn't mean anything. I don't
10 11	MS. PARFITT: Sure. Okay. Very good. MS. BRANSCOME: Let's go off the record.	10	think you would find that phrase in any epidemiology or statistics textbook.
12	MR. TISI: Are we switching examiners	12	Q Are you saying as you sit here today,
13	too?	13	Dr. Siemiatycki, you've never heard of the Hill
14	MS. BRANSCOME: I don't know. That's	14	criteria?
15	why	15	MS. PARFITT: Objection. Misstates his
16	MS. PARFITT: Oh, fair enough. Fair	16	testimony.
17	enough.	17	THE WITNESS: No, I've heard of it, and
18	THE VIDEOGRAPHER: We're going off the	18	I'm saying that it's a misnomer. And so I'd
19	record at 6:22 p.m.	19	prefer if the correct terminology is used when
20	(Recess.)	20	if you're asking me questions about it.
21	THE VIDEOGRAPHER: This begins disc	21	BY MS. BRANSCOME:
22	number 5 in the deposition of Jack Siemiatycki.	22	Q The authors of the Taher manuscript use
23	We are going back on the record at 6:40 p.m.	23	the term "Hill criteria"
24	BY MS. BRANSCOME:	24	A Yes.
25	Q So, Dr. Siemiatycki, if you could open	25	Q in their Table 2, correct?
	20, 211 Stemmer John Journal open		2, 001.0001
		1	
	Page 243		Page 245
1	Page 243 back up to the Taher manuscript again. I believe	1	Page 245 A Yes, they do.
1 2	back up to the Taher manuscript again. I believe it's in your binder that's been marked as	1 2	
	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to		A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of
2	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39.	2	A Yes, they do. Q And there is a discussion under the
2 3 4 5	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the	2 3 4 5	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes.
2 3 4 5 6	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now?	2 3 4 5 6	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of
2 3 4 5 6 7	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it	2 3 4 5 6 7	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies
2 3 4 5 6 7 8	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it.	2 3 4 5 6 7 8	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive
2 3 4 5 6 7 8	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher	2 3 4 5 6 7 8 9	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a
2 3 4 5 6 7 8 9	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is	2 3 4 5 6 7 8 9	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or
2 3 4 5 6 7 8 9 10	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the dose-	2 3 4 5 6 7 8 9 10	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater.
2 3 4 5 6 7 8 9 10 11	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc	2 3 4 5 6 7 8 9 10 11	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the
2 3 4 5 6 7 8 9 10 11 12 13	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer?	2 3 4 5 6 7 8 9 10 11 12 13	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate?
2 3 4 5 6 7 8 9 10 11 12 13 14	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper.	2 3 4 5 6 7 8 9 10 11 12 13 14	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I
2 3 4 5 6 7 8 9 10 11 12 13 14 15	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the	2 3 4 5 6 7 8 9 10 11 12 13 14	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper. Do you see here that the authors of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and epidemiological point of view to do it. So I
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper. Do you see here that the authors of the Taher manuscript describe the summary of evidence for each of the Hill criteria of causation? Do you see that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and epidemiological point of view to do it. So I haven't done it, and I can't confirm that there are six that report odds ratios greater than 1.5. I could do that if you want me to. I can look
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper. Do you see here that the authors of the Taher manuscript describe the summary of evidence for each of the Hill criteria of causation? Do you see that? A I see that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and epidemiological point of view to do it. So I haven't done it, and I can't confirm that there are six that report odds ratios greater than 1.5. I could do that if you want me to. I can look through studies and see.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper. Do you see here that the authors of the Taher manuscript describe the summary of evidence for each of the Hill criteria of causation? Do you see that? A I see that. Q And you are familiar with the Hill —	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and epidemiological point of view to do it. So I haven't done it, and I can't confirm that there are six that report odds ratios greater than 1.5. I could do that if you want me to. I can look through studies and see. But there's no there's no scientific
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper. Do you see here that the authors of the Taher manuscript describe the summary of evidence for each of the Hill criteria of causation? Do you see that? A I see that. Q And you are familiar with the Hill—the Hill criteria of causation, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and epidemiological point of view to do it. So I haven't done it, and I can't confirm that there are six that report odds ratios greater than 1.5. I could do that if you want me to. I can look through studies and see. But there's no there's no scientific purpose in doing that. It's a meaningless piece
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	back up to the Taher manuscript again. I believe it's in your binder that's been marked as Exhibit 6, and specifically, if you could go to Figure 3 on page 39. Have you looked at Figure 3 from the Taher 2018 manuscript before now? A No, I haven't. I may have glanced at it going through it, but I haven't examined it. Q Did you look at anything in the Taher manuscript to support your opinion that there is at least evidence compatible with the doseresponse relationship between perineal use of talc and ovarian cancer? A I didn't look for that in this paper. Q If you could look at page 25 of the Taher paper. Do you see here that the authors of the Taher manuscript describe the summary of evidence for each of the Hill criteria of causation? Do you see that? A I see that. Q And you are familiar with the Hill —	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A Yes, they do. Q And there is a discussion under the what they refer to as a criterion for strength of association, correct? A Yes. Q And the Taher authors report that out of 30 epidi epidil epidemiological studies it's late in the day six reported positive association of statistical significance with a risk value, relative risk or odds ratio of 1.5 or greater. Is that description of the epidemiological studies accurate? A I don't know. I haven't counted. I haven't done that kind of counting, which is irrelevant and wrong from a statistical and epidemiological point of view to do it. So I haven't done it, and I can't confirm that there are six that report odds ratios greater than 1.5. I could do that if you want me to. I can look through studies and see. But there's no there's no scientific

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Page 246 Page 248 Q 48 in my binder, but I don't know if you 1 for their discussion of the Hill criteria? 1 2 2 have a copy in yours, which might be faster. A Yes 3 3 A No, this -- I have the -- I have the Q And you have explained your criticisms 4 about the Hill criteria in both your trial 4 current Berge paper. So... 5 testimony and in your prior deposition testimony, 5 Q At page 9, I believe. 6 6 Well, that's confusing to say page 9. 7 A I can't remember the details, but I -- I 7 A Okay, I see that. 8 guess if I was asked about it, I explained what I 8 Q Okay. In reviewing the conclusion that 9 thought about it. 9 the Berge authors reached, would -- did the Berge 10 My criticism -- I'm not sure what you 10 authors conclude that genital talc use was a 11 mean by my criticisms of the term or of the 11 probable cause of ovarian cancer? 12 concepts that the paper that Hill wrote in 1965, 12 A They did not indicate that they 13 the ways -- the umpteen different ways that other 13 concluded that. 14 people have interpreted it. What -- what are you 14 Q Okay. And same for the Penninkilampi referring to when you say I criticized? What did 15 15 study. 16 I criticize? 16 MS. PARFITT: Had you finished? Had you 17 Q Have your views with respect to the use 17 finished your statement. and application of the so-called Hill criterion 18 18 THE WITNESS: Not quite. changed since you testified in the Echeverria 19 19 There's a difference between the 20 trial? 20 findings of a study and the inferences that are 21 MS. PARFITT: Objection. Form. 21 drawn from those findings. So the findings of 22 THE WITNESS: They -- they haven't 2.2 their meta-analyses and the findings of the 23 changed in 40 years. 23 Penninkilampi meta-analyses and findings of the 24 BY MS. BRANSCOME: 24 Taher meta-analyses are the same as my findings. 25 Q Okay. Thank you. 25 All four agree on the findings. Page 247 Page 249 1 1 Now, we have just discussed three Interpreting and making inferences is a 2 meta-analyses: The Berge meta-analyses, the 2 whole other bailiwick, a whole other activity, and 3 Penninkilampi meta-analyses, and the Taher 3 they don't -- didn't conclude in this section that 4 meta-analyses. Correct? 4 it's a probable cause. From the same evidence, I 5 A Yes. 5 do conclude that it's a probable cause. 6 Q Would you agree that none of the authors 6 BY MS. BRANSCOME: 7 of those three meta-analyses concluded that talc 7 O Right. And the same is true for the 8 was a probable cause of ovarian cancer? 8 Penninkilampi officer -- authors, correct? 9 MS. PARFITT: Objection. Form. 9 A Sorry, I have to go through it. 10 10 THE WITNESS: The purpose of those (Peruses document.) 11 meta-analyses was to estimate the meta-estimate of 11 I don't really agree with your statement. I don't think they conclude that it's 12 relative risk. In terms of the conclusion about 12 probable or not probable. I don't see -- can you 13 probable causation, I think they all commented on 13 14 14 point me to a statement that would imply that it's it in their discussions. 15 And can you specify your question again, 15 not -- that they think it's not probable? 16 whether they concluded that it was a probable 16 Q Do the authors of the Penninkilampi 17 17 paper use the phrase, quote, suggestive of a cause? 18 BY MS. BRANSCOME: 18 causal association, in the Conclusion section? 19 O Correct. 19 A Yes, they do. 20 A I'd have to look at the way they -- what 20 Q Okay. Would you say that "suggestive of 21 conclusions they drew, I'd have to look at that. 21 a causal association" is equivalent to probable 2.2 Q Okay. If we could look at the Berge 22 causation? 23 paper, which should be tab --23 MS. PARFITT: Objection. Form. 24 A Let me see, I think I have the latest 24 THE WITNESS: That's a semantic 25 25 question, and how different people and different issue of the Berge paper.

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Page 250 Page 252 1 cultures -- and I think these people are 1 "possible" here can cover a range of possibilities 2 Australians -- how Australians tend to use the 2 that includes probable. word "suggestive." I -- I don't read this in a 3 3 So if something is possible, that means 4 way as to suggest that they don't think it's 4 it could happen, and in their view or in some of 5 probable. 5 their -- those authors' view, the possibility or 6 BY MS. BRANSCOME: 6 the probability of -- of such a thing happening 7 Q So you don't know from reviewing the 7 might be greater than 50 percent, and they might 8 Conclusion section one way or the other whether 8 still describe it as a possible cause of ovarian 9 the Penninkilampi authors view perineal use of 9 cancer. 10 talc as a probable cause of ovarian cancer. 10 Q You would be --11 MS. PARFITT: Objection. Form, 11 MR. KLATT: Object. Nonresponsive. 12 misstates his testimony. 12 Sorry. 13 Just answer the question. 13 BY MS. BRANSCOME: 14 THE WITNESS: Yes, that's right, I -- I 14 Q You would be purely speculating to opine 15 don't. 15 that the Taher authors, for example, when they BY MS. BRANSCOME: 16 16 used the term "possible" to describe the 17 Q Okay. And as we just looked at in the 17 association, they actually meant probable, 18 Taher manuscript, the Taher authors describe that 18 correct? 19 the data indicates perineal exposure to talc 19 MS. PARFITT: Objection. Form. powder is a possible cause of ovarian cancer in 20 20 THE WITNESS: I didn't say they -- they 21 humans, correct? 21 actually -- I meant -- I said that it could 22 And if you need the reference, it's 2.2 include probable. 23 page 49. 23 And so you are -- the sense of your 24 A That's correct. 24 question is to suppose or assume that their use of 25 Possible does not preclude probable, by 25 the word "possible" excludes the concept of Page 251 Page 253 1 the way. I'm not -- I'm not assume- -- are you 1 probable, that they did not think it's -- because 2 they used the word "possible," they absolutely 2 assuming that they had in mind the IARC 3 classification system and that these two 3 denied that it's probable. And I -- that's what 4 categories are mutually exclusive? 4 I'm disagreeing with. 5 Q My question to you, Dr. Siemiatycki, is 5 BY MS. BRANSCOME: 6 did any of the authors of the three other 6 Q Where I'm coming from is not relevant to 7 meta-analyses, Berge, Penninkilampi or Taher, 7 the question that I'm asking, Dr. Siemiatycki. The question that I'm asking you is, do any of the 8 conclude in their papers that perineal talc use is 8 9 a probable cause of ovarian cancer? 9 authors of the three meta-analyses that we just 10 MS. PARFITT: Objection. Form. Asked 10 reviewed, Berge, Penninkilampi, and Taher, 11 11 describe in their papers the association between and answered. 12 THE WITNESS: They did not use that 12 perineal use of talc and ovarian cancer as a 13 word. But I would not infer that they don't think 13 probable causal association? 14 14 MS. PARFITT: Objection. Form. it's a probable cause from the write-up of 15 their -- from their write-up. It is possible that 15 BY MS. BRANSCOME: 16 they consider the description of this as a --16 Q Do any of them use that term? 17 where is the word "possible"? Is that in the 17 MS. PARFITT: Objection. Form. 18 Conclusion? 18 THE WITNESS: None of them use that 19 BY MS. BRANSCOME: 19 term, but that doesn't preclude that they -- some 20 20 of them believe it is probable. Q It is. 21 21 MR. KLATT: Object. Nonresponsive. A Oh, yeah, possible cause. 22 You know, they are -- I mean, I can't 22 BY MS. BRANSCOME: 23 speak for them because I haven't spoken to any of 23 Q You have no basis for concluding or even 24 them about this, but I don't think they're 24 suggesting that any of these authors have the 25 25 opinion that it is a probable causal association speaking to a legal audience. And the word

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	Page 254		Page 256
1	other than speculating based off of what you're	1	bureau or division. I'm not quite sure.
2	reading on the page, correct?	2	Q Okay. And the document that you're
3	MS. PARFITT: Objection. Form.	3	looking at there is contained within a binder that
4	THE WITNESS: Correct. Nor do I have	4	we have previously marked as Exhibit 4, correct?
5	any basis for assuming that they don't think it's	5	A Correct.
6	probable on the basis of what I read.	6	Q All right. Is this an item is this
7	BY MS. BRANSCOME:	7	an item.
8	Q When you write scientific manuscripts,	8	Is this Draft Screening Assessment a
9	Dr. Siemiatycki, are you careful about your word	9	document that you considered in forming your
10	choice, particularly in your conclusion section?	10	opinions in this case?
11	MS. PARFITT: Objection. Form.	11	A No, it isn't.
12	THE WITNESS: I try to be. I try to be.	12	Q Why not?
13	BY MS. BRANSCOME:	13	A Because I was only aware of it a month
14	Q Okay. If you could turn to tab 33 in	14	or a month and a half or two months after I
15	your binder.	15	completed my report, and two years after I formed
16	Are you familiar with the document that	16	the main part of my opinion.
17	is located behind tab 33 in your binder there?	17	Q How did you obtain a copy of the Draft
18	A I I think so. I mine had a	18	Screening Assessment by Health Canada?
19	different cover page when I printed it off, but	19	A I think that this was on the internet.
20	that's fine. I'm I assume it's the same one	20	I think I
21	I I had.	21	THE WITNESS: Yeah, some other there
22	MR. TISI: It's not. It's not.	22	should be a light button that we can press.
23	MS. PARFITT: What are you referring to?	23	Excuse me. Excuse me, just maybe off
24	MR. TISI: The draft article is not	24	the record for a second.
25	MS. PARFITT: Yeah, I know that.	25	(A discussion was held off the record.)
			Page 257
1	THE WITNESS: Is it the Draft Screening	1	THE VIDEOGRAPHER: We are going off the
2	Assessment?	2	record at 7:03 p.m.
3	MR. TISI: No, that's not the same.	3	(Pause in the proceedings.)
4	THE WITNESS: No?	4	THE VIDEOGRAPHER: We are back on the
5	MR. TISI: It's not.	5	record at 7:03 p.m.
6	MS. PARFITT: Do you have a copy of	6	BY MS. BRANSCOME:
7	yours?	7	Q Dr. Siemiatycki, we paused because the
8	THE WITNESS: Yeah.	8	lights turned off, but my question to you is, how
9	MS. BRANSCOME: Can we go off the record	9	did you obtain a copy of the Draft Screening
10	while we figure this out?	10	Assessment by Health Canada?
11	MS. PARFITT: Sure, that would be fine.	11	A Either it was sent to me by Ms. Parfitt
12	THE VIDEOGRAPHER: We're going off the	12	or her staff, or I found it on the internet. And
13	record at 6:58 p.m.	13	I can't quite remember now.
14	(Pause in the proceedings.)	14	Q Do you remember when you first obtained
	THE VIDEOGRAPHER: We're back on the	15	a copy of the Draft Screening Assessment?
15		1	A MIN GUAGE IS THE PATORA I WANT ON
16	record at 7:01 p.m.	16	A My guess is just before I went on
16 17	BY MS. BRANSCOME:	17	vacation for Christmas and New Years. So it would
16 17 18	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in	17 18	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess,
16 17 18 19	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in front of you that is labeled a "Draft Screening	17 18 19	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess, something like that.
16 17 18 19 20	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in front of you that is labeled a "Draft Screening Assessment" dated December 2018; is that correct?	17 18 19 20	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess, something like that. Q Are you familiar with the process by
16 17 18 19 20 21	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in front of you that is labeled a "Draft Screening Assessment" dated December 2018; is that correct? A Yes, I do.	17 18 19 20 21	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess, something like that. Q Are you familiar with the process by which draft screening assessments are generated by
16 17 18 19 20 21	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in front of you that is labeled a "Draft Screening Assessment" dated December 2018; is that correct? A Yes, I do. Q And this is a screening assessment by	17 18 19 20 21 22	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess, something like that. Q Are you familiar with the process by which draft screening assessments are generated by Health Canada?
16 17 18 19 20 21 22 23	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in front of you that is labeled a "Draft Screening Assessment" dated December 2018; is that correct? A Yes, I do. Q And this is a screening assessment by the Environment and Climate Change Canada, Health	17 18 19 20 21 22 23	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess, something like that. Q Are you familiar with the process by which draft screening assessments are generated by Health Canada? A No, not really. I was involved with
16 17 18 19 20 21 22	BY MS. BRANSCOME: Q Dr. Siemiatycki, you have a document in front of you that is labeled a "Draft Screening Assessment" dated December 2018; is that correct? A Yes, I do. Q And this is a screening assessment by	17 18 19 20 21 22	vacation for Christmas and New Years. So it would have been mid mid to mid-December, I guess, something like that. Q Are you familiar with the process by which draft screening assessments are generated by Health Canada?

	Page 258		Page 260
1	they function really to produce these evaluations	1	A Yes.
2	and reports.	2	Q Do you believe
3	Q Did you have any involvement, even	3	A If I make such a submission, yes.
4	tangentially, in the development of the Draft	4	Q Why well, first of all, do you think
5	Screening Assessment by Health Canada?	5	it's important to disclose your involvement in the
6	A No.	6	litigation if you were to submit something for
7	Q Were you ever asked to consult on any of	7	public comment?
8	the content that ultimately ended up in the Draft	8	A Yes, I think it is.
9	Screening Assessment?	9	Q And why is that?
10	A No, I wasn't.	10	A Because there's a potential conflict of
11	Q Were you ever contacted about	11	interest, and they should know about it.
12	potentially being involved in a Draft Screening	12	Q Would you also notify IARC of your role
13	Assessment of talc for Health Canada?	13	in litigation involving talcum powder products if
14	A No. Never.	14	you submitted something to them to suggest that a
15	Q You are aware that this is in fact a	15	formal evaluation of talc be conducted?
16	draft assessment by Health Canada, correct?	16	A Yes, I would.
17	MS. PARFITT: Objection. Form.	17	Q Is that for the same reason?
18	THE WITNESS: I see that's what it says	18	A Yes, it is.
19	on the cover page.	19	Q Is the Draft Screening Assessment the
20	BY MS. BRANSCOME:	20	type of material that you think it is reliable to
21	Q Are you aware of what further steps in	21	base an expert opinion on?
22	the process must be taken before the draft	22	MS. PARFITT: Objection. Form.
23	assessment is potentially accepted or modified?	23	THE WITNESS: An expert opinion about
24	MS. PARFITT: Objection. Form.	24	what?
25	THE WITNESS: I'm not familiar with the	25	BY MS. BRANSCOME:
		43	DI MS. DRANSCOME.
	Page 259		Page 261
1	Page 259 details, no.	1	
1 2		1 2	Page 261
	details, no.		Page 261 Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form.
2	details, no. BY MS. BRANSCOME:	2	Page 261 Q About the potential relationship between talc and ovarian cancer.
2	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public	2 3	Page 261 Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form.
2 3 4	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there	2 3 4	Page 261 Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would
2 3 4 5	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will	2 3 4 5	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the
2 3 4 5 6	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I	2 3 4 5 6	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had
2 3 4 5 6 7	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will	2 3 4 5 6 7	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the
2 3 4 5 6 7 8	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I	2 3 4 5 6 7 8	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while
2 3 4 5 6 7 8 9	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will	2 3 4 5 6 7 8	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that
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2 3 4 5 6 7 8 9 10	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I	2 3 4 5 6 7 8 9 10	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is
2 3 4 5 6 7 8 9 10 11 12	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period?	2 3 4 5 6 7 8 9 10 11	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on?
2 3 4 5 6 7 8 9 10 11 12 13	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for	2 3 4 5 6 7 8 9 10 11 12	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm
2 3 4 5 6 7 8 9 10 11 12 13 14	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period?	2 3 4 5 6 7 8 9 10 11 12 13	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one
2 3 4 5 6 7 8 9 10 11 12 13 14 15	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to	2 3 4 5 6 7 8 9 10 11 12 13 14	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it it would certainly give me
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so. Q What specifically do you intend to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it it would certainly give me increase my comfort level to draw inferences to see what inferences other people draw. I won't necessarily follow their opinions, but I find it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so. Q What specifically do you intend to submit?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it it would certainly give me increase my comfort level to draw inferences to see what inferences other people draw. I won't
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so. Q What specifically do you intend to submit? A I'm not sure yet. I I would probably	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it it would certainly give me increase my comfort level to draw inferences to see what inferences other people draw. I won't necessarily follow their opinions, but I find it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so. Q What specifically do you intend to submit? A I'm not sure yet. I I would probably submit an opinion supporting the notion that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it it would certainly give me increase my comfort level to draw inferences to see what inferences other people draw. I won't necessarily follow their opinions, but I find it useful to know what inferences they would draw
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so. Q What specifically do you intend to submit? A I'm not sure yet. I I would probably submit an opinion supporting the notion that perineal use of talc is more likely than not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or BY MS. BRANSCOME: Q So under understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it it would certainly give me increase my comfort level to draw inferences to see what inferences other people draw. I won't necessarily follow their opinions, but I find it useful to know what inferences they would draw from it.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	details, no. BY MS. BRANSCOME: Q What are you familiar with, if not the details? A I remember seeing that there's a public consultation opportunity, and so I guess there will be a period of time during which they will accept public recommendations and comments. And I don't know if it's the same committee that will then review all of that or a committee that's higher up on the administrative pecking order. I don't I don't know what happens internally. Q Do you intend to submit anything for the during the public comment period? A I yeah, I hope to do so. I hope to do so. Q What specifically do you intend to submit? A I'm not sure yet. I I would probably submit an opinion supporting the notion that perineal use of talc is more likely than not related to ovarian cancer.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q About the potential relationship between talc and ovarian cancer. MS. PARFITT: Objection. Form. THE WITNESS: Are you asking if it would influence my opinion on the issue or — BY MS. BRANSCOME: Q So under- — understanding that the Draft Screening Assessment came out after you had formed your opinion, I'm asking you that if that had not been the case, if it had come out while you were still forming your expert opinion, is this something that you would rely on? A I would take cognizance of it, and I'm not sure whether it would persuade me in one direction or another on the strength of the evidence, but it — it would certainly give me — increase my comfort level to draw inferences to see what inferences other people draw. I won't necessarily follow their opinions, but I find it useful to know what inferences they would draw from it. Q Is a Draft Screening Assessment the type

66 (Pages 258 to 261)

	Page 262		Page 264
1	THE WITNESS: Not not in	1 describing	g the conclusion as a proposal? Or
2	scientific literature, not so much, no.	2 yeah.	• •
3	BY MS. BRANSCOME:	3 BY MS. I	BRANSCOME:
4	Q The draft assessment first of all,	4 Q Fo	ocusing specifically on the second
5	are you familiar with the proposal with respect to		where it says: "It is proposed to
6	talc that's contained in the draft assessment?		that talc meets the criteria under
7	A Which proposal are you referring to?	7 paragraph	64(c) of CEPA as it is entering or may
8	Q I could refer you specifically to		environment in a quantity or
9	page	9 concentra	tion or under conditions that constitute
10	MR. TISI: I spilled coffee on it too.	10 or may co	nstitute a danger in Canada to human life
11	Sorry. You get what you get.	or health.'	'
12	BY MS. BRANSCOME:	12 MS	S. PARFITT: Objection. Form.
13	Q on page 29.		IE WITNESS: It's not a way of
14	A The Conclusion section?	14 describing	scientific evidence that I'm intimately
15	Q Yes. Have you reviewed this before?	15 familiar w	rith. So I would need to review this
16	A I I might have looked at it quickly.	16 document	in more detail and be aware of the
17	But let me let me review it let me read it	17 paragraph	64(c) of the CEPA.
18	now. (Peruses document.)	18 BY MS. I	BRANSCOME:
19	You know, it refers to the fit of the	19 Q A	nd that is not something you
20	their findings and conclusions with various		o I'm not
21	articles of law in the Canadian Environmental	21 Q	have done as of today?
22	Protection Act. I would have to know what those		s not something I base today I
23	articles of law are that this conforms to, that		ay I agree with this or I don't agree
24	these sentences purportedly conform to. I I	24 with this.	
25	have no reason to doubt what they say, but I I	25 Q O	kay. And so this is not the Draft
	Page 263		Page 265
1		1 Screening	
1 2	can't confirm.		Assessment by Health Canada is not
	can't confirm. Q So as you sit here today, are you	2 something	Assessment by Health Canada is not that you are relying upon in any way in
2	can't confirm.	2 something	Assessment by Health Canada is not that you are relying upon in any way in our expert opinions in this case; is
2	can't confirm. Q So as you sit here today, are you capable or prepared to offer an opinion as to how the conclusions in the Draft Screening Assessment	somethingoffering youthat correct	Assessment by Health Canada is not that you are relying upon in any way in our expert opinions in this case; is
2 3 4	can't confirm. Q So as you sit here today, are you capable or prepared to offer an opinion as to how	 something offering you that correct MS 	Assessment by Health Canada is not that you are relying upon in any way in our expert opinions in this case; is et?
2 3 4 5	can't confirm. Q So as you sit here today, are you capable or prepared to offer an opinion as to how the conclusions in the Draft Screening Assessment relate to other pieces of literature that we've	 something offering yet that correct MS misstates I 	Assessment by Health Canada is not that you are relying upon in any way in our expert opinions in this case; is et? 5. PARFITT: Objection. Form,
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2 A Let me just dig out — I keep hiding things from myself. A Let me just dig out — I keep hiding things from myself. MS. PARFITT: Okay. THE WITNESS: Oh. there. The primary pieces of evidence—the primary piece of evidence is the analysis carried out in the Terry, et al., paper where they combined ten different studies from eight different research teams. They had by fur the studies ever conducted, enough to properly which is much smaller than the Terry study in terms of numbers. And the third — a third one, which was not part of the evidence that influenced my evaluation, is the latest version of the Berge paper which has some dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely understand, but otsensibly in gives dose-response results in a table whose origin I don't completely paper which has some undersolved the desired that in the desired, the authors The year of the evidence that in the property frequency of exposure. But I would put less weight on that until I fully understand, bow they derived those estimates. BY MS. BRANSCOME: Q Okay. So the pieces of evidence that you would cite to in support of the idea that there has been a development that is supportive of a dose-response resultant by the	1	A Can	1	use your own copy if that's more convenient.
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	Page 270		Page 272
1	And it's only in the context when you	1	are you positing?
2	are using the all the exposed compared to all	2	BY MS. BRANSCOME:
3	the unexposed, and at the same time carrying out	3	Q Of those ten studies, which, if any of
4	an analysis of the different levels of exposure,	4	them, postdate 2006? Do you know?
5	that including the unexposed among the in that	5	A Most of them do. I would say I think
6	trend analysis becomes overlapping information	6	the only one ones that were published before
7	with the overall the significance of the	7	2006 were a study by Chang and one or two of the
8	overall estimate.	8	components of Cramer's studies. I think the rest
9	BY MS. BRANSCOME:	9	were all published post-2006.
10	Q Okay.	10	Q Okay. Did you independently do an
11	A This I'm not quite finished. Sorry.	11	analysis of the potential dose-response
12	So and because I don't want you to	12	relationship of perineal talc use and ovarian
13	think that I believe or believed that on its own	13	cancer?
14	there is no evidence of dose-response. There is	14	MS. PARFITT: Objection. Form.
15	evidence of dose-response in the Terry analysis.	15	THE WITNESS: By "independently," you
16	The choice of which p-value to report on the trend	16	mean trying to replicate the Terry analysis? No.
17	analysis depends completely on how one combines	17	I don't see why I would be motivated to do
18	that information with the ever exposed/never	18	something that someone else has already done.
19	exposed information and the p-value for that.	19	BY MS. BRANSCOME:
20	That when we want completely independent and	20	Q Okay. So you are relying on the data as
21	separate strands of evidence to corroborate each	21	reported by Terry 2013 that you consider to be
22	other, then it's appropriate to exclude the	22	evidence in support of a dose-response
23	unexposed from the p-value computation.	23	relationship, correct?
24	When you are using when you are not	24	A That's correct.
25	using the binary exposed/unexposed as part of the	25	Q Okay. But the authors themselves do not
	Page 271		Page 273
1	Page 271		Page 273
1	package of information to demonstrate causation,	1	conclude that there has been a statistically
2	package of information to demonstrate causation, then the correct p-value is the one that includes	2	conclude that there has been a statistically significant dose-response relationship established
2	package of information to demonstrate causation, then the correct p-value is the one that includes the unexposed. So it depends how you use these	2 3	conclude that there has been a statistically significant dose-response relationship established for the perineal use of talc and ovarian cancer,
2 3 4	package of information to demonstrate causation, then the correct p-value is the one that includes the unexposed. So it depends how you use these things.	2 3 4	conclude that there has been a statistically significant dose-response relationship established for the perineal use of talc and ovarian cancer, correct?
2 3 4 5	package of information to demonstrate causation, then the correct p-value is the one that includes the unexposed. So it depends how you use these things. If I didn't qualify that statement that	2 3 4 5	conclude that there has been a statistically significant dose-response relationship established for the perineal use of talc and ovarian cancer, correct? MS. PARFITT: Objection. Form,
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	Page 274		Page 276
1	how they interpreted their findings, I don't quite	1	people at IARC and the public generally to know
2	remember exactly what they said about it.	2	that you had been a retained and paid expert by
3	Q Okay.	3	plaintiffs' counsel in the talc ovarian cancer
4	MS. BRANSCOME: I am going to pass to	4	litigation; is that correct?
5	counsel for Imerys at this time.	5	A Sir, can you I think I already said
6	MR. KLATT: Can we go off the record for	6	that, but could you repeat? Maybe I'm
7	just a couple of minutes? Let me get organized.	7	misunderstanding.
8	THE VIDEOGRAPHER: We are going off the	8	Q Yes. I'm just saying such a conflict of
9	record at 7:31 p.m.	9	interest disclosure on your part, it would be
10	(Pause in the proceedings.)	10	important to disclose not merely that you had been
11	THE VIDEOGRAPHER: We are going back on	11	a consultant or merely that you had been involved
12	the record at 7:32 p.m.	12	in litigation involving ovarian cancer, but it
13	DIRECT EXAMINATION	13	would be important to specifically disclose that
14	BY MR. KLATT:	14	you had been a retained and paid expert by
15	Q Good afternoon good evening,	15	plaintiffs' counsel in the talc/ovarian cancer
16	Dr. Siemiatycki.	16	litigation. Correct?
17	A Good evening. How are you?	17	MS. PARFITT: Objection. Form, asked
18	Q I'm Mike Klatt. I represent Imerys Talc	18	and answered.
19	America in this case.	19	THE WITNESS: I I'm not sure I
20	I don't know if you recall or not, but	20	understand the distinction between this last
21	you and I had met about two years ago when you	21	affirmation and the one before. I yes, it
22	were giving a deposition in the Oules and Swan	22	BY MR. KLATT:
23	cases. Do you recall that?	23	Q Well, we've had we've had other
24	A I do recall that.	24	conflict of interest disclosures, and I put that
25	Q Okay.	25	in quotes, where people said that they had been a
	Page 275		Page 277
1		1	Page 277 consultant, period. That wouldn't be sufficient,
1 2	Page 275 A Very fondly. Q Thank you.	1 2	
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2	A Very fondly. Q Thank you.	2	consultant, period. That wouldn't be sufficient, would it?
2	A Very fondly.Q Thank you.I just have a few questions for you, and	2 3	consultant, period. That wouldn't be sufficient, would it? A I would
2 3 4	A Very fondly. Q Thank you. I just have a few questions for you, and I want to go back and just make sure the record is	2 3 4	consultant, period. That wouldn't be sufficient, would it? A I would MS. PARFITT: Objection. Form.
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	Page 278		Page 280
1	had been on in evaluating your bias?	1	PROVAQ study, correct?
2	MS. PARFITT: Objection. Form, asked	2	A Correct.
3	and answered.	3	Q And that's the study she is working on
4	THE WITNESS: I I would I would	4	with you, correct?
5	disclose the nature of my involvement.	5	A More I'm working on with her, but she's
6	BY MR. KLATT:	6	the lead on that.
7	Q Including which side?	7	Q And with the help of others in your
8	A Including which side I was consulting	8	group as well
9	for.	9	A With the help of others, yes.
10	Q Okay.	10	Q correct?
11	MR. KLATT: Can we mark this as the next	11	And what I've handed you
12	exhibit?	12	MR. KLATT: And what was the exhibit
13	MS. PARFITT: 14.	13	number?
14	(Exhibit No. 14 was marked for	14	MR. TISI: 14.
15	identification.)	15	BY MR. KLATT:
16	BY MR. KLATT:	16	Q Exhibit 14 is Dr. Koushik's web pages
17	Q Dr. Siemiatycki, you said earlier that	17	from the Environ Epi website. You're familiar
18	you worked with Dr. Koushik; is that correct?	18	with that website, correct?
19	A Yes.	19	A Yes, I am.
20	Q And what is your professional	20	Q And you'll turn to the back page of the
21	relationship with Dr. Koushik?	21	exhibit, the final page, and you will see it's
22	A We are members of the same academic	22	copyrighted 2019, correct?
23	department. We are down the hall from each other.	23	A Correct.
24	Our offices are nearby each other. We have worked	24	Q And let's just see what Dr. Koushik says
25	together on various projects.	25	about her research on the first page. She says:
	Page 279		Page 281
1	Q For how long?		WA 1 C 4 11 1
		1	"My research program focuses on the epidemiology
2		2	"My research program focuses on the epidemiology of ovarian and lung cancers." Correct?
2	A Ten 10 or 12 years now.		of ovarian and lung cancers." Correct?
		2	
3	A Ten 10 or 12 years now. Q And she's very well educated, correct?	2 3	of ovarian and lung cancers." Correct? A Mm-hmm, yes. Q "Ovarian cancer is by far the most
3 4	A Ten – 10 or 12 years now.Q And she's very well educated, correct?MS. PARFITT: Objection.	2 3 4	of ovarian and lung cancers." Correct? A Mm-hmm, yes.
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A Ten 10 or 12 years now. Q And she's very well educated, correct? MS. PARFITT: Objection. THE WITNESS: I'm not sure what you mean by that. She has a BY MR. KLATT: Q Well, she has a Bachelor A She has a Q of Science in pharmacology from the University of Alberta. A Correct. Q She has a Master's in community health and epidemiological from Queen's University in Kingston, Ontario? A Uh-huh. Q She has a Ph.D. in epidemiology from in epidemiology and biostatistics from McGill University here in Montreal, correct? A Correct. Q And she's had a postdoctoral fellowship at Harvard in the U.S., correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of ovarian and lung cancers." Correct? A Mm-hmm, yes. Q "Ovarian cancer is by far the most deadly of all gynecologic cancer. Most patients are diagnosed at advanced stages, leading to the poor prognosis, and we are currently limited in our ability to detect disease early." Correct? A Correct. Q She says: "There is overwhelming evidence that healthy lifestyle choices can reduce the risk of several cancers. However, we do not yet know of any effective ways to prevent the onset of ovarian cancer." Would you agree with that? MS. PARFITT: Objection. Form. THE WITNESS: I'm sorry, I'm trying to think of what this sentence really means. It's kind of a it's kind of a stock sentence that is used in by epidemiologists when they're looking for funding and trying to convince funders that we don't know a lot, and therefore they need to

	Page 282		Page 284
1	Q Well, what it means is	1	intake, and recreational physical activity."
2	MS. PARFITT: Wait, wait. Please let	2	Correct?
3	him finish.	3	A Correct.
4	BY MR. KLATT:	4	Q She doesn't say a word about talc there,
5	Q Go ahead.	5	does she?
6	MS. PARFITT: Thanks, Mike.	6	MS. PARFITT: Objection. Form.
7	THE WITNESS: There are some risk	7	THE WITNESS: She doesn't there because
8	factors that are well established for for	8	she hasn't started those analyses yet. She has
9	ovarian cancer, which Anita is very well aware of,	9	started analyses or her with students on
10	genetic and certain reproductive and hormonal	10	those other factors.
11	factors.	11	BY MR. KLATT:
12	The evidence on talc is accumulating,	12	Q And then flipping over to the next page,
13	and in my view is sufficient. Anita has not	13	Dr. Koushik says: "Healthy lifestyle choices may
14	reviewed that evidence. And	14	also positively impact the health of ovarian
15	BY MR. KLATT:	15	cancer survivors. Indeed, until we know how to
16	Q Have you talked to Dr. Koushik at all	16	prevent ovarian cancers from occurring in the
17	about your involvement in the talc ovarian cancer	17	first place, cancer control through tertiary
18	litigation?	18	prevention aimed at improving prognosis and
19	A She's aware that I'm involved in this.	19	quality of life among those diagnosed is
20	Q Well, let's go on to see what she says	20	critical." Correct?
21	here.	21	A Correct.
22	After saying: "However, we do not yet	22	Q And again, no mention at all of talc,
23	know of any effective ways to prevent the onset of	23	correct?
24	ovarian cancer," she says, "the evidence on some	24	MS. PARFITT: Objection. Form.
25	lifestyle factors, such as alcohol intake,	25	THE WITNESS: Correct.
	Page 283		Page 285
1	physical activity, and smoking, is suggestive but	1	MR. KLATT: Let's mark that.
2	currently remains unclear." Correct?	2	MS. PARFITT: This is now 15.
3	A Correct.	3	MR. KLATT: Have we marked that?
4	Q She doesn't say one word about talc,	4	MS. PARFITT: I just now did. I was
5	does she?	5	looking for the stickers. I'm going to get one
6	A No.	6	here they are.
7	MS. PARFITT: Objection. Form.		mrre rrum regg 71 1100
		7	THE WITNESS: I have a different cover.
8	THE WITNESS: Not here, no.	8	MS. PARFITT: It's a different one.
8 9	THE WITNESS: Not here, no. BY MR. KLATT:	8 9	MS. PARFITT: It's a different one. That's yours.
8 9 10	THE WITNESS: Not here, no. BY MR. KLATT: Q And then she goes on to say: "More	8 9 10	MS. PARFITT: It's a different one. That's yours. THE WITNESS: Oh.
8 9 10 11	THE WITNESS: Not here, no. BY MR. KLATT: Q And then she goes on to say: "More research is greatly needed, especially in light of	8 9 10 11	MS. PARFITT: It's a different one. That's yours. THE WITNESS: Oh. MS. PARFITT: This is different, this is
8 9 10 11 12	THE WITNESS: Not here, no. BY MR. KLATT: Q And then she goes on to say: "More research is greatly needed, especially in light of recent discoveries that demonstrate that ovarian	8 9 10 11 12	MS. PARFITT: It's a different one. That's yours. THE WITNESS: Oh. MS. PARFITT: This is different, this is a new item. Let me just put an exhibit on this
8 9 10 11 12 13	THE WITNESS: Not here, no. BY MR. KLATT: Q And then she goes on to say: "More research is greatly needed, especially in light of recent discoveries that demonstrate that ovarian cancer is a heterogeneous disease." She says: "I	8 9 10 11 12 13	MS. PARFITT: It's a different one. That's yours. THE WITNESS: Oh. MS. PARFITT: This is different, this is a new item. Let me just put an exhibit on this one.
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8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	THE WITNESS: Not here, no. BY MR. KLATT: Q And then she goes on to say: "More research is greatly needed, especially in light of recent discoveries that demonstrate that ovarian cancer is a heterogeneous disease." She says: "I am the principal investigator of the Prevention of Ovarian Cancer in Quebec, PROVAQ study, a population-based case-control study conducted in 2011, 2016." And one of the things she's evaluating in that study is talc, correct? A Correct. Q "This study provides" and I'm reading on "This study provides a rich data source for	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. PARFITT: It's a different one. That's yours. THE WITNESS: Oh. MS. PARFITT: This is different, this is a new item. Let me just put an exhibit on this one. (Exhibit No. 15 was marked for identification.) MS. PARFITT: Thank you. Okay. You're done with this. And he's just showing you this one. Do we have an extra copy, Mike, or is this it? MR. KLATT: I've got an extra copy if you need it.

	Page 286		Page 288
1	Q So, Dr. Siemiatycki, I'm now showing you	1	reproductive factors is limited. There is
2	what we marked as exhibit what?	2	suggestive evidence that modifiable factors in the
3	MS. PARFITT: 15.	3	vitamin D pathway, (sun exposure, diet), and
4	MR. KLATT: 15?	4	inflammation pathway (antiinflammatory medication
5	MS. PARFITT: Yes.	5	use, talc use for feminine hygiene) may play a
6	BY MR. KLATT:	6	role in ovarian cancer risk, though this research
7	Q And it's from the Environ Epi website,	7	has been limited by small sample sizes, crude
8	your website, and it's the web pages discussing	8	exposure measurement and lack of control for
9	group research topics, correct?	9	important confounders." Correct?
10	A I I have to tell you I don't look at	10	A That's what it says.
11	this website, and I haven't actually constituted	11	Q Did I read that correctly?
12	it. It's my secretary or my assistant who does	12	A Yes, you did.
13	this. So I'm looking at it afresh to see what's	13	Q So on this public website, your
14	there. Yeah.	14	Environmental Epi website, Dr. Jack Siemiatycki
15	Q Okay. Let's let's turn to the very	15	doesn't say talc use causes ovarian cancer,
16	back page, and again the copyright is 2019.	16	correct?
17	That's this year, correct?	17	MS. PARFITT: Objection. Form.
18	A Yeah. Yes.	18	THE WITNESS: I don't say anything on
19	Q And then if you will flip over to	19	that website.
20	let's see. Well, let's start let's see.	20	BY MR. KLATT:
21	Go first page, second page, third	21	Q Well, you your group doesn't say talc
22	page the fourth page, there's a discussion	22	causes ovarian cancer, does it?
23	there of the PROVAQ study of Dr. Koushik that we	23	MR. TISI: Objection. Form.
24	just talked about, correct?	24	THE WITNESS: In my opinion, this was
25	A Yes.	25	created somewhere around 2009, 2010, 2012, in that
	Page 287		Page 289
1	Q And the topic says: "Prevention of	1	ballpark. This feels to me like a cut and paste
2	Ovarian Cancer in Quebec, the PROVAQ study, a	2	from the grant application of 2009 or 2010 that
3	case-control study of modifiable and genetic	3	hasn't been changed.
4	factors associated with the risk of ovarian	4	There's not really a lot of motivation
5	cancer." Correct?	5	for us to besides just sort of putting our
_	A T di)	for us to besides just soft of putting our
6	A I see that.	6	names and faces up there, our institution asks us
6 7	A I see that. Q And it says Anita Koushik, that's		
	Q And it says Anita Koushik, that's Dr. Koushik, who we've just been talking about,	6	names and faces up there, our institution asks us
7 8 9	Q And it says Anita Koushik, that's	6 7 8 9	names and faces up there, our institution asks us to put something on this institutional website
7 8	Q And it says Anita Koushik, that's Dr. Koushik, who we've just been talking about, and it says Jack Siemiatycki. That's you, correct?	6 7 8 9 10	names and faces up there, our institution asks us to put something on this institutional website for a researcher. I haven't I've never looked at this. BY MR. KLATT:
7 8 9 10 11	Q And it says Anita Koushik, that's Dr. Koushik, who we've just been talking about, and it says Jack Siemiatycki. That's you, correct? A That's right.	6 7 8 9 10 11	names and faces up there, our institution asks us to put something on this institutional website for a researcher. I haven't I've never looked at this. BY MR. KLATT: Q You or your organization
7 8 9 10 11 12	Q And it says Anita Koushik, that's Dr. Koushik, who we've just been talking about, and it says Jack Siemiatycki. That's you, correct? A That's right. Q And then it goes on to describe what the	6 7 8 9 10 11 12	names and faces up there, our institution asks us to put something on this institutional website for a researcher. I haven't I've never looked at this. BY MR. KLATT: Q You or your organization MS. PARFITT: Wait. Mike Mike,
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q And it says Anita Koushik, that's Dr. Koushik, who we've just been talking about, and it says Jack Siemiatycki. That's you, correct? A That's right. Q And then it goes on to describe what the PROVAQ study is, and it says — and I'll skip the first few sentences — it says: "Primary prevention thus offers the most promising approach to reducing the morbidity and mortality associated with this deadly disease. Established preventive factors for ovarian cancer include high parity, long duration of lactation, oral contraceptive use, and tubal ligation." Correct? A That's what it says. Q Talc is not included in that list of established preventive factors, is it?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	names and faces up there, our institution asks us to put something on this institutional website for a researcher. I haven't I've never looked at this. BY MR. KLATT: Q You or your organization MS. PARFITT: Wait. Mike Mike, excuse me, I think we're done. THE WITNESS: I've never contributed to this or looked at it. MS. PARFITT: No, no, Mike, unfortunately, your time is up. MR. KLATT: You've MS. PARFITT: Mike, no more questions. I have a few questions. I think we're MR. KLATT: Are we are we done? THE VIDEOGRAPHER: Yes. MR. KLATT: All right.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q And it says Anita Koushik, that's Dr. Koushik, who we've just been talking about, and it says Jack Siemiatycki. That's you, correct? A That's right. Q And then it goes on to describe what the PROVAQ study is, and it says — and I'll skip the first few sentences — it says: "Primary prevention thus offers the most promising approach to reducing the morbidity and mortality associated with this deadly disease. Established preventive factors for ovarian cancer include high parity, long duration of lactation, oral contraceptive use, and tubal ligation." Correct? A That's what it says. Q Talc is not included in that list of	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	names and faces up there, our institution asks us to put something on this institutional website for a researcher. I haven't I've never looked at this. BY MR. KLATT: Q You or your organization MS. PARFITT: Wait. Mike Mike, excuse me, I think we're done. THE WITNESS: I've never contributed to this or looked at it. MS. PARFITT: No, no, Mike, unfortunately, your time is up. MR. KLATT: You've MS. PARFITT: Mike, no more questions. I have a few questions. I think we're MR. KLATT: Are we are we done? THE VIDEOGRAPHER: Yes.

73 (Pages 286 to 289)

	Page 290		Page 292
1	Dr. Siemiatycki, I'm going to stay right	1	MS. BRANSCOME: Objection.
2	over here for a moment, okay? And we can get	2	THE WITNESS: I think it was ordered
3	through this. Okay?	3	it was contracted in order to underpin the Health
4	MR. KLATT: Here, I'll give this back to	4	Canada evaluation. That's my
5	you.	5	BY MS. PARFITT:
6	THE WITNESS: Hi.	6	Q All right. Now, it was not the only
7	MS. PARFITT: Tell me when you are	7	study or research that was conducted by Health
8	ready.	8	Canada; is that correct? It was the meta-analysis
9	THE WITNESS: Who are you?	9	that was conducted by them.
10	MS. PARFITT: I know.	10	MS. BRANSCOME: Objection.
11	MR. TISI: Are we back on? Are we back	11	THE WITNESS: Sorry, I what
12	on?	12	BY MS. PARFITT:
13	THE VIDEOGRAPHER: I didn't stop.	13	Q The Taher study
14	Sorry, I	14	A Study.
15	MR. TISI: Oh, I thought we were off.	15	Q is a meta-analysis; is that correct?
16	MS. PARFITT: Okay. We didn't we	16	A Yes. Yes.
17	didn't know that.	17	Q All right. And the Taher meta-analysis
18	CROSS-EXAMINATION	18	was one part of the information that formulated
19	BY MS. PARFITT:	19	part of the Health Canada draft assessment?
20	Q Dr. Siemiatycki, good evening	20	A That's my understanding, yes.
21	Okay. Dr. Siemiatycki, good evening. I	21	Q All right. Now, Daniel Krewski, you
22	know it's been a long day, and I have a few	22	indicated, was one of the authors of the Taher
23 24	questions, and I will be wrapping or jumping	23 24	paper.
25	around a bit, so hopefully try and keep pace with	25	A Yes. He's listed.
25	me, and I'll try and speak slowly and so that	25	Q And I believe you testified that you
	Page 291		Page 293
1	we can move through the remainder of your	1	know Daniel Krewski.
2	deposition.	2	A Yes, I do.
3	Dr. Siemiatycki, do you have an opinion	3	Q And I believe Mr. Klatt asked you
4	as to whether the elimination of talcum powder use	4	whether or not you had reached out or perhaps
5	in the genital area is a lifestyle activity that	5	Ms. Branscome asked you whether or not you have
6	is modifiable?	6	had any communication with anyone, verbal, oral,
7	If you need me to ask the question	7	written, that had anything to do with Health
8	again, I'm happy to.	8	Canada. Do you remember that?
9	A Yeah, I'm trying to think of how the	9	A Yes, I do remember.
10	word "modifiable" is used.	10	Q All right. And it's been many hours,
11	Q Is it preventable? Is the use of talcum	11	but it was my understanding in response to that
12	powder products in the genital area a preventable	12	question, you did indicate that you had sent an
13	activity?	13	e-mail to Daniel Krewski; is that correct?
	A Yes.	14	MS. BRANSCOME: Objection.
14	160 pp 1160015- 511 1		THE WITNESS: I don't remember saying
15	MS. BRANSCOME: Objection.	15	
15 16	BY MS. PARFITT:	16	that.
15 16 17	BY MS. PARFITT: Q All right. Thank you.	16 17	that. BY MS. PARFITT:
15 16 17 18	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some	16 17 18	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever
15 16 17 18 19	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some questions about the Taher article. You remember	16 17 18 19	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever reached out to any member or author of the Taher
15 16 17 18 19 20	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some questions about the Taher article. You remember that?	16 17 18 19 20	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever reached out to any member or author of the Taher meta-analysis?
15 16 17 18 19 20 21	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some questions about the Taher article. You remember that? A Yes.	16 17 18 19 20 21	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever reached out to any member or author of the Taher meta-analysis? A I when I learned about it, I sent an
15 16 17 18 19 20 21 22	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some questions about the Taher article. You remember that? A Yes. Q All right. And is it your understanding	16 17 18 19 20 21 22	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever reached out to any member or author of the Taher meta-analysis? A I when I learned about it, I sent an e-mail to Dan Krewski asking if this report was
15 16 17 18 19 20 21 22 23	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some questions about the Taher article. You remember that? A Yes. Q All right. And is it your understanding that the Taher article is a meta-analysis that was	16 17 18 19 20 21 22 23	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever reached out to any member or author of the Taher meta-analysis? A I when I learned about it, I sent an e-mail to Dan Krewski asking if this report was intended for publication; and if so, when it would
15 16 17 18 19 20 21 22	BY MS. PARFITT: Q All right. Thank you. All right. You were asked some questions about the Taher article. You remember that? A Yes. Q All right. And is it your understanding	16 17 18 19 20 21 22	that. BY MS. PARFITT: Q Okay, let me ask you. Have you ever reached out to any member or author of the Taher meta-analysis? A I when I learned about it, I sent an e-mail to Dan Krewski asking if this report was

	Page 294		Page 296
1	Q All right. So you have had no	1	you?
2	communication with any of the authors of the Taher	2	A Yes, I do.
3	study or any of the members of Health Canada?	3	Q And I believe it's a continuation of the
4	A No.	4	Results section
5	Q Okay. Now, you were asked some	5	A Yes.
6	questions with regard to the Schildkraut study in	6	Q which starts on 815 and continues all
7	particular. Now, what I'd like you to do is, if	7	the way over to the end of the document. Do you
8	you can get that in front of you, and I believe	8	see that?
9	it's part of the documentation in your binder,	9	A I do.
10	number 4.	10	Q All right. And specifically about
11	And what I'd ask you to also do, if you	11	halfway down on page 817 of the Results section of
12	will, is pull out your paper, your Terry paper	12	the Terry paper, what did the authors find as it
13	your copy of the Terry paper, and maybe we'll go	13	pertains to whether or not there is evidence
14	there first.	14	demonstrating dose-response as it relates to
15	A Terry?	15	genital powder use and ovarian cancer?
16	Q If you get the Terry. Do you have the	16	A So are you referring to the sentence
17	Terry in front of you?	17	that begins "Although a significant increase"?
18	A Yeah, I've got it in front of me, yes.	18	Q Correct.
19	Q Okay. Now, Ms. Branscome asked you and	19	A Or before that?
20	referred you to the abstract of the Terry paper.	20	Q Whatever you need to read, but I was
21 22	Do you recall that A Yes.	21 22	specifically
23		23	A Okay. Q referring to the "although." And you
24	Q examination? A Yes.	24	can read that paragraph, please.
25	Q And I believe she focused your attention	25	A Okay. So I'll start at the beginning of
	2 7 and 1 believe site focused your attention		11 Okay. 50 In start at the organising of
	Page 295		Page 297
1	on the very last sentence of the Terry paper, the	1	that paragraph.
2	on the very last sentence of the Terry paper, the next to last sentence which started with "Among	2	that paragraph. Q Please, if you will.
2	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users."	2 3	that paragraph. Q Please, if you will. A Read out loud?
2 3 4	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that?	2 3 4	that paragraph. Q Please, if you will. A Read out loud? Q If you will.
2 3 4 5	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that? A I see that.	2 3 4 5	that paragraph. Q Please, if you will. A Read out loud? Q If you will. A "We evaluated cumulative genital powder
2 3 4 5 6	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that? A I see that. Q All right. And she asked you whether or	2 3 4 5 6	that paragraph. Q Please, if you will. A Read out loud? Q If you will. A "We evaluated cumulative genital powder exposure as a composite variable of frequency and
2 3 4 5 6 7	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that? A I see that. Q All right. And she asked you whether or not indeed the abstract section of the Terry paper	2 3 4 5 6 7	that paragraph. Q Please, if you will. A Read out loud? Q If you will. A "We evaluated cumulative genital powder exposure as a composite variable of frequency and duration of use. We have observed similar
2 3 4 5 6 7 8	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that? A I see that. Q All right. And she asked you whether or not indeed the abstract section of the Terry paper said: "Among genital powder users, we observed no	2 3 4 5 6 7 8	that paragraph. Q Please, if you will. A Read out loud? Q If you will. A "We evaluated cumulative genital powder exposure as a composite variable of frequency and duration of use. We have observed similar increased risks of all nonmucinous subtypes of
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2 3 4 5 6 7 8 9 10	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that? A I see that. Q All right. And she asked you whether or not indeed the abstract section of the Terry paper said: "Among genital powder users, we observed no significant trend, p equals 0.17, in risk with increasing numbers of lifetime applications	2 3 4 5 6 7 8 9 10	that paragraph. Q Please, if you will. A Read out loud? Q If you will. A "We evaluated cumulative genital powder exposure as a composite variable of frequency and duration of use. We have observed similar increased risks of all nonmucinous subtypes of epithelial ovarian cancer combined across quartiles of genital powder compared with nonuse." The OR in the first quartile is 1.18 with confidence intervals. In the second quartile, it
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	on the very last sentence of the Terry paper, the next to last sentence which started with "Among genital powder users." Do you see that? A I see that. Q All right. And she asked you whether or not indeed the abstract section of the Terry paper said: "Among genital powder users, we observed no significant trend, p equals 0.17, in risk with increasing numbers of lifetime applications (assessed in quartiles)." A I see that. Q All right. You've had an opportunity to read this A I've read it Q article? A several times over the last three years. Q All right. Let me direct your attention to the actual paper, and specifically to not the abstract of the paper but to the section that's entitled I believe it's the Discussion section and it's over on page 817.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that paragraph. Q Please, if you will. A Read out loud? Q If you will. A "We evaluated cumulative genital powder exposure as a composite variable of frequency and duration of use. We have observed similar increased risks of all nonmucinous subtypes of epithelial ovarian cancer combined across quartiles of genital powder compared with nonuse." The OR in the first quartile is 1.18 with confidence intervals. In the second quartile, it was 1.22. In the third quartile, it's 1.22. And the fourth quartile it's 1.37. I didn't read the confidence intervals. Q Are the confidence intervals for the quartiles you just discussed all statistically significant? A Yes, they are. Q All right. Please continue. A "Although a significant increase in risk with an increasing number of genital powder applications was found for nonmucinous epithelial

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Page 298		Page 300
highly significant, "no trend in cumulative use	1	Q The Draft Screening Assessment, right.
was evident in analyses restricted to ever users	2	A Yes.
of genital powder for trend .17. Taken together,	3	Q Okay. And specifically, let me direct
these observations suggest that the significant	4	your attention to Roman number Roman numeral
trend test largely reflects the comparison of ever	5	III of that document.
regular use with never use."	6	A Yes.
	7	Q Okay.
	8	MS. BRANSCOME: Michelle, would you mind
	9	helping me follow along?
	10	MS. PARFITT: Oh, I'm sure.
•	11	MR. TISI: I can give you my copy.
	12	MS. PARFITT: Sure. Absolutely.
	13	MR. KLATT: You may want those.
	14	MS. BRANSCOME: Thank you. What page
	15	are we on?
	16	MS. PARFITT: Counsel, I'm on Roman
	17	numeral III.
	l .	MS. BRANSCOME: Oh, the page I had a
	l .	section number that I couldn't find
		MS. PARFITT: No. At the bottom it has
		a Roman numeral III.
		BY MS. PARFITT:
		Q Dr. Siemiatycki, referring you to the
		first, second, third fourth full paragraph of
	25	the Draft Screening Assessment, the fourth full
Page 299		Page 301
with dose-response.	1	A Begins with "full"?
-	2	Q No, it begins with "The meta-analysis."
	3	A "The meta-analysis." Yep.
paper, I think we indicated that we were very	4	Q Correct.
concerned about the consistency of increased	5	Would you please does it state: "The
risks, but found no evidence of dose-response, and	6	meta-analysis of the" am I reading this
that held back any inference that the	7	correctly?
categorization should be greater than a 2B.	8	"The meta-analysis of the available
	9	human studies in the peer-reviewed literature
•	ı	indicate a consistent and statistically
was no evidence of dose-response. Now there is	11	significant positive association between perineal
	l .	
evidence of dose-response, whether or not it's	12	exposure to talc and ovarian cancer."
evidence of dose-response, whether or not it's significant by one test or another test.	12 13	exposure to talc and ovarian cancer." Did I read that correctly?
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you.	12 13 14	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did.
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your	12 13 14 15	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion,
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada	12 13 14 15 16	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening	12 13 14 15 16 17	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening Assessment dated December 2018. Again, I believe	12 13 14 15 16 17 18	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder talcum powder use and ovarian cancer in the
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening Assessment dated December 2018. Again, I believe it's in your notebook 4.	12 13 14 15 16 17 18 19	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder talcum powder use and ovarian cancer in the genital area?
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening Assessment dated December 2018. Again, I believe it's in your notebook 4. A 6 yeah. Yes.	12 13 14 15 16 17 18 19 20	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder talcum powder use and ovarian cancer in the genital area? A Yes, it is.
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening Assessment dated December 2018. Again, I believe it's in your notebook 4. A 6 yeah. Yes. Q All right.	12 13 14 15 16 17 18 19 20 21	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder talcum powder use and ovarian cancer in the genital area? A Yes, it is. Q All right. It goes on to say: "Further
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening Assessment dated December 2018. Again, I believe it's in your notebook 4. A 6 – yeah. Yes. Q All right. A Okay, I have it.	12 13 14 15 16 17 18 19 20 21 22	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder talcum powder use and ovarian cancer in the genital area? A Yes, it is. Q All right. It goes on to say: "Further available data are indicative of a causal effect."
evidence of dose-response, whether or not it's significant by one test or another test. Q All right. Thank you. All right. Let me direct your attention, if I may, to the Health Canada document, specifically the Draft Screening Assessment dated December 2018. Again, I believe it's in your notebook 4. A 6 yeah. Yes. Q All right.	12 13 14 15 16 17 18 19 20 21	exposure to talc and ovarian cancer." Did I read that correctly? A Yes, you did. Q All right. Is that your opinion, Dr. Siemiatycki, based upon your review of the totality of the literature on talc powder talcum powder use and ovarian cancer in the genital area? A Yes, it is. Q All right. It goes on to say: "Further
	highly significant, "no trend in cumulative use was evident in analyses restricted to ever users of genital powder for trend .17. Taken together, these observations suggest that the significant trend test largely reflects the comparison of ever regular use with never use." Q Okay, and if you would stop there. What is the significance of the findings of the authors in that paragraph you just read as it pertains to whether or not this study shows a dose-response increase? A Well, so my interpretation is that overall there is, for users compared to nonusers, a highly significant trend, and four among the four - there are four quartiles, and there is a fifth group called nonusers they have a relative risk of 1.0. And in those five groups, the relative risk the relative risk estimates go from 1.0 to 1.18 to 1.22, 1.22, 1.3, something, 7. Those five values indicate to me a tendency of increasing risk with increasing exposure. Whether it is whether there's formal proof of that in a from a statistical significance point of view is a secondary issue as to compared with whether the data are compatible Page 299 with dose-response. So as you may recall, in the IARC 2006 evaluation and in I guess in the Langseth paper, I think we indicated that we were very concerned about the consistency of increased risks, but found no evidence of dose-response, and that held back any inference that the categorization should be greater than a 2B. The findings from Terry turn on its head the assumptions that were made at IARC that there	highly significant, "no trend in cumulative use was evident in analyses restricted to ever users of genital powder for trend .17. Taken together, these observations suggest that the significant trend test largely reflects the comparison of ever regular use with never use." Q Okay, and if you would stop there. What is the significance of the findings of the authors in that paragraph you just read as it pertains to whether or not this study shows a dose-response increase? A Well, so my interpretation is that overall there is, for users compared to nonusers, a highly significant trend, and four among the four - there are four quartiles, and there is a fifth group called nonusers they have a relative risk of 1.0. And in those five groups, the relative risk the relative risk estimates go from 1.0 to 1.18 to 1.22, 1.22, 1.3, something, 7. Those five values indicate to me a tendency of increasing risk with increasing exposure. Whether it is whether there's formal proof of that in a from a statistical significance point of view is a secondary issue as to compared with whether the data are compatible Page 299 with dose-response. So as you may recall, in the IARC 2006 evaluation and in I guess in the Langseth paper, I think we indicated that we were very concerned about the consistency of increased risks, but found no evidence of dose-response, and that held back any inference that the categorization should be greater than a 2B. The findings from Terry turn on its head the assumptions that were made at IARC that there

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	Page 302		Page 304
1	upon the totality of not only the epidemiological	1	assessment?
2	data and findings but mechanistic data, animal and	2	MS. BRANSCOME: Objection.
3	in vivo data, that indeed the data is indicative	3	THE WITNESS: When you say
4	of a causal effect?	4	"methodology"
5	MS. BRANSCOME: Objection.	5	BY MS. PARFITT:
6	MR. KLATT: Objection. Form.	6	Q Mm-hmm.
7	THE WITNESS: I believe it is more	7	A I'm not sure if you're referring to
8	likely than not that there is a causal	8	sort of high level methodology like collecting
9	relationship between exposure to talc powder and	9	original data, evaluating it, weighing it, and
10	ovarian cancer. And if those two sentences are	10	making inferences on the basis of that data.
11	taken to be equivalent, then I agree with the	11	BY MS. PARFITT:
12	sentence.	12	Q What I'm asking is, did the authors
13	BY MS. PARFITT:	13	perform a Bradford Hill-like causality assessment
14	Q Well, let me ask you this,	14	in the performance of their study entitled Draft
15	Dr. Siemiatycki: You've read the draft	15	Screening Assessment?
16	assessment, and do you have is it fair to say	16	MR. KLATT: Objection. Form.
17	that the methodology that the authors performed	17	THE WITNESS: You're saying in the pages
18	throughout the course of this particular draft	18	between 15 and
19	assessment is the same type of methodology that	19	BY MS. PARFITT:
20	you have performed for purposes of preparing your	20	Q Correct. I'll shorten it by
21	report and offering the opinions that you have and	21	A -21?
22	will continue to offer the court in in the	22	Q Correct. Correct.
23	litigation involving talcum powder use and ovarian	23	And if I can refer your attention to or
24	cancer?	24	direct you to page 20.
25	MS. BRANSCOME: Objection.	25	A They commented on various considerations
	Page 303		Page 305
1		1	
1 2	THE WITNESS: The authors of this report	1 2	that Bradford Hill mentioned in his article.
2	THE WITNESS: The authors of this report I think include a group – a multidisciplinary	2	that Bradford Hill mentioned in his article. Q And which ones did they provide
2	THE WITNESS: The authors of this report I think include a group a multidisciplinary group, including toxicologists and possibly	2 3	that Bradford Hill mentioned in his article. Q And which ones did they provide information and findings on?
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	Page 306		Page 308
1	talc. Further available data are indicative of a	1	you have copies in that binder that you had
2	causal effect"?	2	printed out.
3	A Yes.	3	MS. BRANSCOME: May I have a copy if he
4	MR. KLATT: Objection to form.	4	is going to read from it?
5	BY MS. PARFITT:	5	MS. PARFITT: Absolutely. And I thought
6	Q Thank you. All right.	6	we had do you have any copies in there?
7	Let me ask a couple other questions, and	7	THE WITNESS: Oh, for this
8	I need you if you will, can you reach over	8	MS. PARFITT: No.
9	there, I believe it was exhibit number do you	9	MR. TISI: It wasn't marked. It was in
10	see your book on occupational diseases? I think	10	the stuff you printed out.
11	it's under there you go. Okay.	11	MS. PARFITT: I think I've got one here.
12	Okay. Now, you were asked many hours	12	(A discussion was held off the record.)
13	ago some questions regarding the book Risk Factors	13	MS. PARFITT: Ms. Branscome, here you
14	for Cancer in the Workplace.	14	go. Here's copies.
15	Do you recall that?	15	And let's have this marked as now
16	A Yes, I do.	16	exhibit I'm not sure what we're up to.
17	Q All right. And that is indeed a book	17	MR. TISI: We're up to 18. 18.
18	that was authored by you, Jack Siemiatycki,	18	MS. PARFITT: 18. Okay.
19	correct?	19	And for the record, we are marking the
20	A Correct.	20	face sheet of the book Risk Factors for Cancer in
21	Q All right. And I believe you were asked	21	the Workplace by Jack Siemiatycki, and
22	whether there was anything in your book that	22	specifically the table
23	described the methodology that you have employed	23	MS. BRENNAN: I have 16.
24	over the course, and I believe you said the last	24	MR. TISI: No, because he marked
25	four decades or almost four decades.	25	MS. BRENNAN: Yeah, 14
	Page 307		Page 309
1	Do you recall those questions?	1	MR. KLATT: Actually, it should be 16.
2	A Yes, I do.	2	MS. PARFITT: 16? Thank you. 16.
3	MS. BRANSCOME: Objection.	3	All right. We are now marking as
4	BY MS. PARFITT:	4	Exhibit 16 the book entitled Risk Factors for
5	Q All right. Where in that book, if there		C
		5	Cancer in the Workplace by Dr. Jack Siemiatycki,
6	is something in that book, does it describe the	6	which specifically includes the table of contents,
7	methodology that you have employed over the course	6 7	which specifically includes the table of contents, Chapter 7, "Interpretation of Findings," pages 297
7 8	methodology that you have employed over the course of the last four decades that you still employ	6 7 8	which specifically includes the table of contents, Chapter 7, "Interpretation of Findings," pages 297 through 308.
7 8 9	methodology that you have employed over the course of the last four decades that you still employ today in your analysis and opinions and findings	6 7 8 9	which specifically includes the table of contents, Chapter 7, "Interpretation of Findings," pages 297 through 308. MR. DONATH: Is that an excerpt, not the
7 8 9 10	methodology that you have employed over the course of the last four decades that you still employ today in your analysis and opinions and findings in the talcum powder product litigation and	6 7 8 9 10	which specifically includes the table of contents, Chapter 7, "Interpretation of Findings," pages 297 through 308. MR. DONATH: Is that an excerpt, not the whole thing?
7 8 9 10 11	methodology that you have employed over the course of the last four decades that you still employ today in your analysis and opinions and findings in the talcum powder product litigation and ovarian cancer?	6 7 8 9 10 11	which specifically includes the table of contents, Chapter 7, "Interpretation of Findings," pages 297 through 308. MR. DONATH: Is that an excerpt, not the whole thing? MS. PARFITT: It is it is not. We'll
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78 (Pages 306 to 309)

	Page 310		Page 312
1	commented that it was in your book.	1	Is that what you were
2	MS. BRANSCOME: Object	2	Q That's what I wanted to know.
3	BY MS. PARFITT:	3	A asking?
4	Q So please tell us what's in your book.	4	Q Thank you. All right.
5	MS. BRANSCOME: Object to form.	5	Now, do you recall, Dr. Siemiatycki,
6	THE WITNESS: Well, I I won't read	6	that you were asked some questions about the
7	the whole book.	7	mechanism underlying exposure to talc and genital
8	BY MS. PARFITT:	8	use of talcum powder products and ovarian cancer?
9	Q I appreciate that. We all	9	Do you remember Ms. Branscome asked you some
10	A I have a phone book downstairs that I	10	questions about that?
11	could no, I will just read a couple of	11	A The mechanism of exposure or the
12	paragraphs that talk about interpreting and	12	mechanism of carcinogenesis?
13	conducting epidemiologic research in general, not	13	Q The mechanism of exposure
14	specifically related to this particular study	14	A Okay.
15	set of studies that I describe in the book.	15	Q between talcum powder products and
16	"The main purpose of epidemiology is to	16	ovarian cancer. Do you remember there were a
17	find the cause of disease. Despite some	17	series of questions that were asked about that?
18	controversy concerning the validity of drawing	18	MS. BRANSCOME: Object to form.
19	causal inferences in epidemiology. There is a	19	THE WITNESS: I'm I'm not
20	consensus that sanctions and provides guidelines	20	BY MS. PARFITT:
21	for the practice. The evaluation of causality	21	Q Okay. Let me okay. Let me let me
22	between a putative risk factor and disease is a	22	do this. Let me refer you to your report, if you
23	complex and subjective process. Equally competent	23	will, and I believe it's been marked as I think
24	scientists examining the same information can	24	this is 10 as 10.
25	arrive at different conclusions. However, as	25	Do you have your report in front of you?
	Page 311		Page 313
1	additional evidence is accumulated, beliefs and	1	A Yes.
2	consensuses may change. The criteria that are		
2		2	Q Very good. Okay.
3	most relevant to the problem of evaluating	3	All right. And specifically I'm
4	most relevant to the problem of evaluating causality between cancer and an antecedent	3 4	All right. And specifically I'm referring to page 64 and 65.
	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as	3 4 5	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just
4 5 6	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows:	3 4 5 6	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section.
4 5 6 7	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows: Number 1: "Is sampling variability a	3 4 5 6 7	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section. Q Okay. I believe it's — it's under
4 5 6 7 8	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows: Number 1: "Is sampling variability a plausible explanation for the observed	3 4 5 6 7 8	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section.
4 5 6 7 8 9	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows: Number 1: "Is sampling variability a plausible explanation for the observed association?"	3 4 5 6 7 8	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section. Q Okay. I believe it's — it's under "Biological Plausibility." Do you see that in the lower part? Let's see.
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4 5 6 7 8 9 10	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows: Number 1: "Is sampling variability a plausible explanation for the observed association?" Number 2: "How strong is the association and is there a dose-response	3 4 5 6 7 8 9 10	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section. Q Okay. I believe it's it's under "Biological Plausibility." Do you see that in the lower part? Let's see. A "Biological Plausibility" (reading to himself.) Strength. Okay. I've got it
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows: Number 1: "Is sampling variability a plausible explanation for the observed association?" Number 2: "How strong is the association and is there a dose-response relationship?" Number 3: "Is bias or confounding a plausible explanation for the observed association?" Number 4: "Is the association biologically plausible?" Number 5: "Is there relevant supporting evidence from other epidemiologic studies or from non-human test systems, such as animal experimentation or tests of mutagenicity?" I'll stop there. But in answer to your question, this text, published 30 years ago now,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section. Q Okay. I believe it's it's under "Biological Plausibility." Do you see that in the lower part? Let's see. A "Biological Plausibility" (reading to himself.) Strength. Okay. I've got it somewhere consistency. Here. Q Okay. A "Biological Plausibility," yes. Q Now, I specific I believe specifically the question that you were asked is whether or not you will be testifying with regard to the mechanism and the biological mechanism for causing cancer with genital use of talcum powder products. Do you remember that? A Yes. Q Okay. Now, in the course of your analysis and in looking at that issue of
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	most relevant to the problem of evaluating causality between cancer and an antecedent occupational exposure may be paraphrased as follows: Number 1: "Is sampling variability a plausible explanation for the observed association?" Number 2: "How strong is the association and is there a dose-response relationship?" Number 3: "Is bias or confounding a plausible explanation for the observed association?" Number 4: "Is the association biologically plausible?" Number 5: "Is there relevant supporting evidence from other epidemiologic studies or from non-human test systems, such as animal experimentation or tests of mutagenicity?" I'll stop there. But in answer to your	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	All right. And specifically I'm referring to page 64 and 65. A So I'm one or two pages off, so just tell me which section. Q Okay. I believe it's it's under "Biological Plausibility." Do you see that in the lower part? Let's see. A "Biological Plausibility" (reading to himself.) Strength. Okay. I've got it somewhere consistency. Here. Q Okay. A "Biological Plausibility," yes. Q Now, I specific I believe specifically the question that you were asked is whether or not you will be testifying with regard to the mechanism and the biological mechanism for causing cancer with genital use of talcum powder products. Do you remember that? A Yes. Q Okay. Now, in the course of your

	214		216
	Page 314		Page 316
1	formulating your opinions on that topic?	1	causality.
2	MS. BRANSCOME: Objection.	2	So the bar for establishing plausibility
3	THE WITNESS: I actually started with	3	for me is, are there credible scientists who are
4	the IARC 2006 report where there was a high level	4	persuaded or have reasonable confidence that there
5	subgroup of toxicologists and basic scientists who	5	is a mechanism that can explain the observation.
6	reviewed the evidence. So I read that material.	6	And if so, I would defer to that point of view as
7	I've read various articles concerning	7	being plausible.
8	migration of particles, articles about	8	I would not accept that one or more
9	inflammation as a carcinogenic process, oxidative	9	scientists developing a mechanistic theory are
10	stress as part of the carcinogenic process. And	10	definitely proven, but if there is a credible
11	towards the end, started looking at articles about	11	point of view in the scientific community about
12	asbestos in talc as filling in some of the	12	the mechanism, I would call that plausible. It
13	information about what the content of talcum	13	doesn't mean it's proven. It's plausible.
14	powder products were. I at one point was looking	14	And to my satisfaction, when I looked at
15	at company documents to try to figure out what	15	the different reports, including reports of
16	were the time relationships of using talc versus	16	experts in the litigations, I was reasonably
17	using substitutes for talc. So all of those kinds	17	assured that there are plausible theories and
18	of things I was looking for.	18	plausible hypotheses.
19	BY MS. PARFITT:	19	Q All right. In your section of your
20	Q So for purposes of evaluating the	20	expert report on page 64 through 66, did the
21	evidence and opining on the issue of talcum powder	21	factors you identify under the subtitle
22	products and ovarian cancer, did you consider the	22	"Biological Plausibility" provide support for your
23	issue of biological plausibility?	23	opinions that indeed there is biological
24	MS. BRANSCOME: Objection.	24	plausibility between the use of genital use of
25	THE WITNESS: Yes, I considered it.	25	talcum powder products and ovarian cancer?
	Page 315		Page 317
1	Page 315 BY MS. PARFITT:	1	
1 2	BY MS. PARFITT:	1 2	A I think they provide evidence of
	BY MS. PARFITT: Q All right. And what was the basis of		A I think they provide evidence of plausibility for those theories.
2	BY MS. PARFITT: Q All right. And what was the basis of your opinion as to whether or not there was	2	A I think they provide evidence of plausibility for those theories. Q And did you consider those for purposes
2	BY MS. PARFITT: Q All right. And what was the basis of	2 3	A I think they provide evidence of plausibility for those theories.
2 3 4	BY MS. PARFITT: Q All right. And what was the basis of your opinion as to whether or not there was biological plausibility between talcum powder	2 3 4	A I think they provide evidence of plausibility for those theories. Q And did you consider those for purposes of opining that talcum powder products in the
2 3 4 5	BY MS. PARFITT: Q All right. And what was the basis of your opinion as to whether or not there was biological plausibility between talcum powder product use in the genital area and ovarian	2 3 4 5	A I think they provide evidence of plausibility for those theories. Q And did you consider those for purposes of opining that talcum powder products in the genital area, used, can cause ovarian cancer?
2 3 4 5 6	BY MS. PARFITT: Q All right. And what was the basis of your opinion as to whether or not there was biological plausibility between talcum powder product use in the genital area and ovarian cancer?	2 3 4 5 6	A I think they provide evidence of plausibility for those theories. Q And did you consider those for purposes of opining that talcum powder products in the genital area, used, can cause ovarian cancer? A Yes, I considered them.
2 3 4 5 6 7	BY MS. PARFITT: Q All right. And what was the basis of your opinion as to whether or not there was biological plausibility between talcum powder product use in the genital area and ovarian cancer? MS. BRANSCOME: Objection. Assumes he	2 3 4 5 6 7	A I think they provide evidence of plausibility for those theories. Q And did you consider those for purposes of opining that talcum powder products in the genital area, used, can cause ovarian cancer? A Yes, I considered them. Q All right. Dr. Siemiatycki, I'm not
2 3 4 5 6 7 8	BY MS. PARFITT: Q All right. And what was the basis of your opinion as to whether or not there was biological plausibility between talcum powder product use in the genital area and ovarian cancer? MS. BRANSCOME: Objection. Assumes he formed an opinion.	2 3 4 5 6 7 8	A I think they provide evidence of plausibility for those theories. Q And did you consider those for purposes of opining that talcum powder products in the genital area, used, can cause ovarian cancer? A Yes, I considered them. Q All right. Dr. Siemiatycki, I'm not sure of the I don't think we marked it as an
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Page 318 Page 320 1 you were an author, correct? 1 low probability. 2 2 A That's correct, yes. And this is part of what leads me and 3 3 Q All right. What, if any, support did what led me in my report to opine that confounding 4 that particular article that you wrote, I guess 4 is unlikely to be the explanation for the observed 5 back in 1988, provide, if any, for the opinions 5 relative risks. 6 that you've rendered in this case on the topic of 6 Q Thank you. All right. 7 confounding and bias? 7 THE VIDEOGRAPHER: Excuse me, Counsel. 8 A In this study we evaluated 75 8 MS. PARFITT: Off the record, yes. 9 9 associations, 25 occupations in relation to lung THE VIDEOGRAPHER: Off the record? 10 10 cancer, to bladder cancer and to stomach cancer, MS. PARFITT: Yeah, it's a good time, 11 11 each of them. And we looked at the association because you're running out of tape. I could tell. 12 between each occupation and each of the three 12 THE VIDEOGRAPHER: Going off the record 13 13 at 8:27 p.m. types of cancer, adjusting for the smoking history 14 14 of the patients and the subjects. But another set (Recess.) 15 of analyses not adjusting for their smoking 15 THE VIDEOGRAPHER: We're going back on 16 16 histories, and their socioeconomic status and the record at 8:31 p.m. 17 17 their ethnic group. These are factors that are MS. PARFITT: Thank you. 18 strongly associated with cancer and with different 18 BY MS. PARFITT: 19 occupations. We wanted to see how large a 19 Q Dr. Siemiatycki, just one last question. 20 confounding bias could be generated by not having 20 Let me direct your attention to again 21 proper confounder information. 21 the documents in your Exhibit No. 4, specifically 2.2 And so I will just read a couple of 22 the "Weight of Evidence: General Principles and 23 sentences from the abstract of this article. 23 Current Applications at Health Canada," which 24 "Of the 75 associations studied, only 24 formed part of the Health Canada recommendation. 25 25 one OR was distorted by more than 40 percent. A All right? Page 319 Page 321 1 40 percent distortion would correspond to an odds 1 A I'm not sure if it formed part of the 2 2 ratio of 1.4 when comparing unadjusted with recommendation or if it's a background document. 3 adjusted estimates. Three were distorted by 3 Q Very good. I think you're probably 4 between 30 percent and 40 percent, and four others 4 right. 5 5 by between 20 percent and 30 percent." All right. And you have -- you have had 6 6 So of these 75 associations, not taking a chance to review that, correct? 7 account of very powerful confounders -- smoking is A Yes. 8 the most powerful confounder we know. Ethnicity 8 Q All right. Specifically let me direct 9 and socioeconomic status are important 9 your attention to page 7 of that document. And 10 confounders. They have strong relative risks with 10 I'm going to go down to the very last paragraph, 11 these different cancers. Not taking them into 11 and it starts with: "The majority of risk 12 account could create artifactual odds ratios, 12 assessment reports, however, provide a logical 13 13 narrative description of the relative strengths or maximum of 1.4, even though the original odds 14 14 ratios of the confounders with these cancers could weakness of various lines of evidence considered. 15 15 For most risk assessments, individual lines of be as high as 10. 16 So there's a very -- the confounding 16 evidence are polled and integrated into a final 17 effect, at most, would be 10 percent or 20 17 conclusion based on best professional judgment and 18 percent, but the likelihood that there is some 18 not mathematical formula." 19 unknown confounder with -- with ovarian cancer 19 Did I read that correctly? 20 that is artifactually creating across the board, 20 A Yes, you did. 21 across all these studies, an artifactual relative 21 Q Do you agree with the statement by 22 risk of around 1.3 would require some -- that 22 Health Canada in their "Weight of Evidence: 23 unknown confounder to have an extremely high 23 General Principles"? 24 24 A Yes, I do. relative risk, certainly higher than 2, maybe 25 25 higher than 3 or 4, which is not inconceivable but MS. PARFITT: All right. I have no

	Page 322		Page 324
1	further questions. Thank you.	1	gist of it was whether the paper has been or will
2	THE WITNESS: This is also in conformity	2	be submitted for publication. I don't recall if
3	with all guidelines from agencies and experts who	3	there were other important components. It was a
4	understand science.	4	brief message, besides pleasantries of people
5	MS. PARFITT: Very good.	5	who've known each other for 30 years.
6	THE WITNESS: The best data is	6	But, you know, I said I I've learned
7	collected, compiled, and then interpreted by human	7	about this work that you were involved with. I
8	expert judgment.	8	can't remember what else I said.
9	MS. PARFITT: Thank you very much,	9	Q In your e-mail communication to
10	Dr. Siemiatycki. I believe counsel has some	10	Dr. Krewski, did you alert him to the fact that
11	follow-up.	11	you were serving as a an expert on behalf of
12	MS. BRANSCOME: I do, but I think I need	12	plaintiffs' counsel in litigation involving talcum
13	to take a break to confer amongst ourselves.	13	powder?
14	MS. PARFITT: Go ahead.	14	A I don't recall. Your question used the
15	THE VIDEOGRAPHER: We're going off the	15	plural, and in my you said "in your
16	record at 8:33 p.m.	16	communications." That's what I heard. No? Okay.
17	(Recess.)	17	Q I meant it in the singular.
18	THE VIDEOGRAPHER: We are going back on	18	A You meant it in the singular, so I guess
19	the record at 8:46 p.m.	19	the record will reflect.
20	REDIRECT EXAMINATION	20	In my one message to Dr. Krewski let
21	BY MS. BRANSCOME:	21	me if I may.
22	Q Good evening, Dr. Siemiatycki.	22	Q My question again, Dr. Siemiatycki
23	I have some follow-up questions to the	23	A Yeah, please.
24	questions that were just asked to you by	24	Q is in your e-mail to Dr. Krewski with
25	plaintiffs' counsel.	25	respect to the Taher paper, did you notify him in
			Page 325
1		1	Page 325
1	Both myself and counsel for Imerys asked	1	that e-mail that you were serving as an expert
2	Both myself and counsel for Imerys asked you very specifically if you had had contact with	2	that e-mail that you were serving as an expert witness retained on behalf of plaintiffs' counsel
2 3	Both myself and counsel for Imerys asked you very specifically if you had had contact with any of the authors in connection with the Taher	2 3	that e-mail that you were serving as an expert witness retained on behalf of plaintiffs' counsel in litigation involving talcum powder?
2 3 4	Both myself and counsel for Imerys asked you very specifically if you had had contact with any of the authors in connection with the Taher paper or the Health Canada paper. Do you recall	2 3 4	that e-mail that you were serving as an expert witness retained on behalf of plaintiffs' counsel in litigation involving talcum powder? A I I don't recall if I did or
2 3 4 5	Both myself and counsel for Imerys asked you very specifically if you had had contact with any of the authors in connection with the Taher paper or the Health Canada paper. Do you recall the questions that we asked you?	2 3 4 5	that e-mail that you were serving as an expert witness retained on behalf of plaintiffs' counsel in litigation involving talcum powder? A I I I don't recall if I did or not. I I wouldn't have thought it was a
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	Page 326		Page 328
1	it wasn't a big deal for me to to have	1	Did I read that correctly?
2	information about that manuscript.	2	MS. PARFITT: Counsel, just with one
3	Q Including communications in which you	3	correction. It came out as "estimates." The
4	unilaterally reached out to individuals but may	4	article says "estimates," and it came out on the
5	not have received a response, have you	5	transcript as "assessments."
6	communicated in any form with any of the	6	MS. BRANSCOME: Okay.
7	participants in the development of the Health	7	THE WITNESS: That do you understand
8	Canada Draft Screening Assessment or the Taher	8	what she's indicated?
9	paper, other than what we have discussed with	9	BY MS. BRANSCOME:
10	respect to Dr. Krewski?	10	Q Yes. Did I read it correctly?
11	A No.	11	A You misread one word.
12	Q The Health Canada Draft Screening	12	Q Okay.
13	Assessment, you were asked a number of questions	13	A But it's not important, but if you want
14	about that by counsel for plaintiffs. Is that a	14	to have it for the record.
15	document that you have reviewed closely in forming	15	Q Well, we can continue on.
16	your opinions in this case?	16	A Yes.
17	MS. PARFITT: Objection. Form.	17	Q "This consideration follows from the
18	THE WITNESS: I wouldn't say that I	18	recognition that some degree of bias is quite
19	reviewed it closely the way I've reviewed the	19	likely in any non-experimental study."
20	evidence before submitting my report. No.	20	Did I read that correctly?
21	BY MS. BRANSCOME:	21	A Yes.
22	Q All right. I want to talk to you about	22	Q "Small excess relative risks, even if
23	Exhibit 17. You have that over there. It's the	23	they are statistically significant, are often
24	"Degree of confounding bias related to smoking."	24	interpreted with great caution, if not
25	A Oh, yeah.	25	skepticism."
			•
	Page 327		Page 329
1	Page 327 Q All right. Dr. Siemiatycki, is	1	Page 329 Did I read that correctly?
1 2		1 2	
	Q All right. Dr. Siemiatycki, is		Did I read that correctly?
2	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to	2	Did I read that correctly? A Yes.
2	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to address the likelihood that a confounding variable	2 3	Did I read that correctly? A Yes. Q "Although there has been no explicit
2 3 4	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to address the likelihood that a confounding variable could explain the increased risk that you have	2 3 4	Did I read that correctly? A Yes. Q "Although there has been no explicit consensus on what level of excess relative risk
2 3 4 5	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to address the likelihood that a confounding variable could explain the increased risk that you have found in your meta-analysis with respect to the	2 3 4 5	Did I read that correctly? A Yes. Q "Although there has been no explicit consensus on what level of excess relative risk should be considered too small to be taken seriously, we believe that many epidemiologists use a cut point in the range of 1.2 to 1.5 for
2 3 4 5 6 7 8	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to address the likelihood that a confounding variable could explain the increased risk that you have found in your meta-analysis with respect to the use of talc? A Yes. Q Okay. So I just want to direct you to	2 3 4 5 6 7 8	Did I read that correctly? A Yes. Q "Although there has been no explicit consensus on what level of excess relative risk should be considered too small to be taken seriously, we believe that many epidemiologists use a cut point in the range of 1.2 to 1.5 for this purpose. Our results indicate that a cut
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to address the likelihood that a confounding variable could explain the increased risk that you have found in your meta-analysis with respect to the use of talc? A Yes. Q Okay. So I just want to direct you to page 623. In the right-hand column, do you see a paragraph that begins "One of the criteria"? A Yes. Q Does it state: "One of the criteria used by epidemiologists to distinguish true from false associations is the strength of the association"? Did I read that correctly? A Yes, you did. Q And again, this is an article on which you are the lead author, correct? A Correct. Q It continues on: "That is, among two relative risk assessments which have equal levels of statistical significance but one of which is much greater than 1, while the other is closer to 1, the larger one is considered more likely to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Did I read that correctly? A Yes. Q "Although there has been no explicit consensus on what level of excess relative risk should be considered too small to be taken seriously, we believe that many epidemiologists use a cut point in the range of 1.2 to 1.5 for this purpose. Our results indicate that a cut point in this range is reasonable for studies of cancer occupation associations." Did I read that correctly? A Yes, you did. Q And the references in those sentences to the words "we" and "our" would include you, Dr. Siemiatycki, correct? A Correct. Q And then if we could turn the page to page 624, the paragraph at the top on the left-hand column, I direct your attention to the last complete sentence of that paragraph. "On the other hand, our results also imply that relative risk estimates as low as 1.2 for lung cancer associations run a fair chance of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q All right. Dr. Siemiatycki, is Exhibit 17 an article that you identified to address the likelihood that a confounding variable could explain the increased risk that you have found in your meta-analysis with respect to the use of talc? A Yes. Q Okay. So I just want to direct you to page 623. In the right-hand column, do you see a paragraph that begins "One of the criteria"? A Yes. Q Does it state: "One of the criteria used by epidemiologists to distinguish true from false associations is the strength of the association"? Did I read that correctly? A Yes, you did. Q And again, this is an article on which you are the lead author, correct? A Correct. Q It continues on: "That is, among two relative risk assessments which have equal levels of statistical significance but one of which is much greater than 1, while the other is closer	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Did I read that correctly? A Yes. Q "Although there has been no explicit consensus on what level of excess relative risk should be considered too small to be taken seriously, we believe that many epidemiologists use a cut point in the range of 1.2 to 1.5 for this purpose. Our results indicate that a cut point in this range is reasonable for studies of cancer occupation associations." Did I read that correctly? A Yes, you did. Q And the references in those sentences to the words "we" and "our" would include you, Dr. Siemiatycki, correct? A Correct. Q And then if we could turn the page to page 624, the paragraph at the top on the left-hand column, I direct your attention to the last complete sentence of that paragraph. "On the other hand, our results also imply that relative risk estimates as low as 1.2 for lung cancer associations or 1.1 for bladder or

Page 330	Page 332
they are," quote, "statistically significant." Did I read that correctly? A Yes, you did. Q Is that a conclusion that you and your authors reached in the paper that's been identified as Exhibit 17? A Yes, it was. Q Your opinion with respect to the existence of biological plausibility of the perineal use of talc and ovarian cancer is limited to the evaluation of whether or not there are credible scientists who are persuaded that there is a mechanism; is that correct? MS. PARFITT: Objection. Form. THE WITNESS: Can you repeat that? I'm sorry. BY MS. BRANSCOME: Q Your opinion with respect to the existence of biological plausibility of the perineal use of talc and its potential to cause ovarian cancer is limited to an evaluation of whether or not there are credible scientists who are persuaded that there is a mechanism, correct? MS. PARFITT: Objection. Form. Misstates his testimony.	MS. PARFITT: Object to form. THE WITNESS: Correct. BY MS. BRANSCOME: Q You indicated in response to questions by plaintiffs' counsel that you were persuaded by the opinions of other experts in the litigation with respect to biological plausibility. Who are those experts? A I I think I indicated that such experts contributed to the information that I had, not that they were the only ones who persuaded me. So there was literature and there were depositions and reports. So I'm trying to remember the names of the various expert reports that I have read and depositions. I do there's the Plunkett, the Saed papers, but I don't know if there was a report by Saed. There was let me look in my list of references. (Peruses document.) I'm sorry, I'm drawing a blank on the names of the people whose reports and testimonies I've read in the last month or two. Q When were you provided with copies of these expert reports? A In the fall. Some before November 15th
THE WITNESS: I would say is based on, rather than is limited to. BY MS. BRANSCOME: Q Do you have expertise that would allow you to determine what the most likely biological mechanism is, if there is one, for perineal use of talc to cause ovarian cancer? A No, I wouldn't pretend to to have that kind of expertise. Q Okay. Is it also true that you are not qualified to opine on the ability or not of talc particles to migrate to the ovaries from the use, the perineal application of talc? MS. PARFITT: Objection. Form. THE WITNESS: Not on the basis of my research, not on the basis of my training, but on the basis of my reading of literature concerning that issue, I have an opinion based on what I've read from experts in the that field. BY MS. BRANSCOME: Q But in forming that opinion, you are relying on A Yes. Q the expertise of others, correct? A Yes.	and some after November 15th. And but also I'm I'm reflecting on the various reports and testimonies from the earlier trial, and I read various expert reports from that time. Q Did you draft the section in your MDL expert report related to biologic plausibility? A Yes, I did. Q You personally summarized each of the various studies that you refer to in that section? A What do you mean by summarized the studies? I I summarized the evidence that's captured there, and I provided references for those statements, yes. Q You're the original author of the language in that section is my question. A Yes. Yes. Q Can you identify for me which expert reports related to biological plausibility you had reviewed before forming your opinion as represented in the MDL report? A As I said, it's partly a number of reports that I had seen in the previous trial, and I I'm drawing a blank on the names of of the people. Q You understand that there will be

1	Page 334		Page 336
	experts retained by defense counsel who will	1	THE VIDEOGRAPHER: We are going off the
2	provide reports addressing biological	2	record at 9:05 p.m.
3	plausibility, correct?	3	(Pause in the proceedings.)
4	A I assume so, yeah.	4	THE VIDEOGRAPHER: We're back on the
5	Q Okay. Are you qualified to evaluate	5	record at 9:06 p.m.
6	between competing expert reports who is correct	6	MS. BRANSCOME: At this time I will pass
7	about the biological mechanism?	7	questioning to counsel for Imerys.
8	MS. PARFITT: Objection. Form.	8	MS. PARFITT: Thank you.
9	BY MS. BRANSCOME:	9	REDIRECT EXAMINATION
10	Q To the extent one exists.	10	BY MR. KLATT:
11	MS. PARFITT: Objection. Form.	11	Q Dr. Siemiatycki, a few more questions,
12	THE WITNESS: No no, I wouldn't be.	12	sir.
13	I mean I I can read reports from people outside	13	I'm going to read a statement and ask if
14	my area and form an opinion about the general	14	you agree with it. Okay?
15	coherence and and form an initial sense of the	15	A Yes.
16	credibility of the various reports. And I'd be	16	Q "When a pronounced binary association is
17	happy to review the reports of the experts for the	17	present, use of the never or no category in
18	defense on these issues.	18	assessing trend can induce a trend where none
19	BY MS. BRANSCOME:	19	exists."
20	Q But to the extent, for example, that	20	A Okay. Can you yeah, thank you.
21	there are credible experts on both sides of the	21	Q And my question is, do you agree or
22	debate, whether or not there has been an	22	disagree with that statement?
23	established biological mechanism and whether or	23	A Yes, I agree it can I agree with it.
24	not there have not been, you are not qualified to	24	There are some qualifiers that I would add to that
25	evaluate between the two credible experts?	25	sentence, but I agree with it.
	Page 335		Page 337
1	MS. PARFITT: Objection. Form.	1	Q Could you look at your report, please,
2	THE WITNESS: That's correct. And I've	2	sir, in the case on page 65, the discussion of
3	never pretended that make that it is	3	biologic plausibility.
4	necessary for me to establish the correct	4	A Yes.
5	biological mechanism before drawing inferences	5	Q And actually I think your biologic
6	about causality.	6	plausibility discussion actually begins near the
7	BY MS. BRANSCOME:	7	bottom of the previous page, 64, and there's a
8	Q It is your conclusion that more likely	8	general discussion on the rest of 64 and the first
9	than not perineal use of talc can cause ovarian	9	paragraph or two of 65. Is that correct?
10	cancer is based on the epidemiological evidence,	10	A I – I believe it's correct. The
	correct?	11	version I have in front of me is that version that
11			
11 12	MS. PARFITT: Objection. Misstates his	12	has a slightly different formatting, so but I'm
	evidence and testimony today.	12 13	has a slightly different formatting, so but I'm with you.
12	· · · · · · · · · · · · · · · · · · ·	13 14	
12 13 14 15	evidence and testimony today. THE WITNESS: In part in large part. Yes.	13 14 15	with you. Q Okay. MS. PARFITT: And I believe, just for
12 13 14 15	evidence and testimony today. THE WITNESS: In part in large part. Yes. BY MS. BRANSCOME:	13 14 15 16	with you. Q Okay. MS. PARFITT: And I believe, just for completeness, it starts on 60
12 13 14 15 16	evidence and testimony today. THE WITNESS: In part in large part. Yes. BY MS. BRANSCOME: Q Okay. Well, my question now is about	13 14 15 16 17	with you. Q Okay. MS. PARFITT: And I believe, just for completeness, it starts on 60 THE WITNESS: Mine starts on
12 13 14 15 16 17 18	evidence and testimony today. THE WITNESS: In part — in large part. Yes. BY MS. BRANSCOME: Q Okay. Well, my question now is about the, in small part, the evidence in addition to	13 14 15 16 17 18	with you. Q Okay. MS. PARFITT: And I believe, just for completeness, it starts on 60 THE WITNESS: Mine starts on MS. PARFITT: His document starts on 65,
12 13 14 15 16 17 18 19	evidence and testimony today. THE WITNESS: In part — in large part. Yes. BY MS. BRANSCOME: Q Okay. Well, my question now is about the, in small part, the evidence in addition to that. What evidence are you considering that you	13 14 15 16 17 18 19	with you. Q Okay. MS. PARFITT: And I believe, just for completeness, it starts on 60 THE WITNESS: Mine starts on MS. PARFITT: His document starts on 65, goes all the way over to 66. Mike, yours probably
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12 13 14 15 16 17 18 19 20 21 22 23	evidence and testimony today. THE WITNESS: In part — in large part. Yes. BY MS. BRANSCOME: Q Okay. Well, my question now is about the, in small part, the evidence in addition to that. What evidence are you considering that you are qualified to independently evaluate? A I am qualified to evaluate whether there is a plausible theory about it. Not to establish whether that theory is correct or not.	13 14 15 16 17 18 19 20 21 22 23	with you. Q Okay. MS. PARFITT: And I believe, just for completeness, it starts on 60 THE WITNESS: Mine starts on MS. PARFITT: His document starts on 65, goes all the way over to 66. Mike, yours probably starts on the bottom of 64, goes all the way over to the top of 66. BY MR. KLATT: Q And what I'm focusing on is the
12 13 14 15 16 17 18 19 20 21	evidence and testimony today. THE WITNESS: In part — in large part. Yes. BY MS. BRANSCOME: Q Okay. Well, my question now is about the, in small part, the evidence in addition to that. What evidence are you considering that you are qualified to independently evaluate? A I am qualified to evaluate whether there is a plausible theory about it. Not to establish	13 14 15 16 17 18 19 20 21 22	with you. Q Okay. MS. PARFITT: And I believe, just for completeness, it starts on 60 THE WITNESS: Mine starts on MS. PARFITT: His document starts on 65, goes all the way over to 66. Mike, yours probably starts on the bottom of 64, goes all the way over to the top of 66. BY MR. KLATT:

85 (Pages 334 to 337)

	Page 338		Page 340
1	A Yes.	1 A	I think so. Is this
2	Q which is where your specific	2 0	
3	discussion of biologic plausibility regarding	_	Is this the South African study?
4	talcum powder products begins.	4 Q	
5	A Yes.	_	Okay.
6	Q Do you do you see that paragraph,	6 Q	-
7	sir?	_	eal tale. They were women who were being
8	A Yes, I do.		red to undergo gynecologic surgery, correct?
9	Q And moving down, did you read the		Correct.
10	articles that you cited here carefully?		And after this solution of albumin
11	A I read them. I'm not capable of fully		spheres was injected at the top of the
12	understanding articles in areas that are outside		al vault, the women were tilted in a head
13	my area of of expertise. But to the		/pelvis up position for two hours beforehand,
14	Q Well	14 correct	
15	MS. PARFITT: Wait, let him finish.	001100	Correct.
16	THE WITNESS: To the extent that I was		So
17	able to understand them, I read these articles.	-	Now I'm saying correct, but I don't
18	BY MR. KLATT:		mber the details that you're quoting. I
19	Q I'm focusing on the sentence that you		mber the acticle. I'm I it doesn't
20	wrote in your report saying: "First of all, there		collection doesn't contradict anything you're
21	are two possible routes that talcum powder	21 saying	, ,,
22	products can take to reach the ovaries."		So Venter doesn't tell us anything at
23	Do you see where I am?	•	out dry tale particles applied externally to
24	A Yes, I do.		enital area being able to migrate up the
25	Q The next sentence says: "There is	_	a, across the cervix, up the uterus, up the
		23 vagin	a, across the cervix, up the dicrus, up the
	Daga 220		- 241
	Page 339		Page 341
1	published evidence that talcum powder products and	1 fallop	ian tubes to the ovaries, correct?
1 2	published evidence that talcum powder products and its constituents and contaminants that are applied	1 fallop	ian tubes to the ovaries, correct? MS. PARFITT: Objection. Form.
	published evidence that talcum powder products and its constituents and contaminants that are applied to the vaginal area can migrate from there to the	2 3	ian tubes to the ovaries, correct? MS. PARFITT: Objection. Form. THE WITNESS: I guess I use this as a
2	published evidence that talcum powder products and its constituents and contaminants that are applied to the vaginal area can migrate from there to the fallopian tubes and ovaries," citing Venter 1979,	2 3	ian tubes to the ovaries, correct? MS. PARFITT: Objection. Form.
2 3	published evidence that talcum powder products and its constituents and contaminants that are applied to the vaginal area can migrate from there to the fallopian tubes and ovaries," citing Venter 1979, Henderson 1986, Heller 1996, "or to pelvic lymph	2 3 4 refere 5 refere	ian tubes to the ovaries, correct? MS. PARFITT: Objection. Form. THE WITNESS: I guess I use this as a since because some other experts used it as a since for such a statement. And I read the
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	Page 342		Page 344
1	correct?	1	MS. PARFITT: Objection. Form.
2	MS. PARFITT: Do you need to see the	2	Make sure you've read the article.
3	articles?	3	THE WITNESS: (Peruses document.) So
4	THE WITNESS: Yes, I think I need to see	4	I I've skimmed it quickly. I haven't read
5	those articles.	5	everything, but I don't see that it sorry, are
6	MS. PARFITT: Do we have Henderson or	6	we on?
7	Heller?	7	MS. PARFITT: Yes.
8	MR. KLATT: I'm sorry, I don't have them	8	THE VIDEOGRAPHER: We're on the record.
9	with me.	9	THE WITNESS: I don't see that it
10	MS. PARFITT: Okay. Let's see. In your	10	directly addresses talc moving from the vagina
11	report they're in your report.	11	into pelvic lymph nodes, but it certainly concerns
12	BY MR. KLATT:	12	the detection of talc in pelvic lymph nodes.
13	Q And you might want to pull Cramer 2007	13	BY MR. KLATT:
14	while you're at it, because again my question is	14	Q But it says nothing in the article
15	the same, it doesn't say anything at all about	15	itself about establishing migration, correct?
16	migration. It simply identifies particles already	16	MS. PARFITT: Objection. Misstates his
17	in tissue without saying how they got there.	17	testimony.
18	MS. PARFITT: Okay. Well, let's wait	18	BY MR. KLATT:
19	for a question and let's get the articles. Let's	19	Q That you that you see.
20	see. It would be tab it's a big binder.	20	MS. PARFITT: Objection. Form,
21	BY MR. KLATT:	21	misstates his testimony.
22	Q Can I can I	22	THE WITNESS: I I guess, you know
23	THE WITNESS: I have it in my office.	23	the question I would have is if it gets to the
24	BY MR. KLATT:	24	pelvic lymph nodes, it has to migrate there from
25	Q Can I short-circuit this?	25	somewhere. It's not deposited there deliberately.
	Page 343		Page 345
1		1	
1 2	A Yes.	1 2	BY MR. KLATT:
2	A Yes. Q I think this I can short-circuit	2	BY MR. KLATT: Q Well
	A Yes. Q I think this I can short-circuit this. If you just look at Cramer 2007. Do you		BY MR. KLATT: Q Well A That was my interpretation of of
2	A Yes. Q I think this I can short-circuit this. If you just look at Cramer 2007. Do you have that handy?	2 3 4	BY MR. KLATT: Q Well A That was my interpretation of of this.
2 3 4	A Yes. Q I think this I can short-circuit this. If you just look at Cramer 2007. Do you	2 3	BY MR. KLATT: Q Well A That was my interpretation of of this. Q Well, look at the very first page of
2 3 4 5	A Yes. Q I think this I can short-circuit this. If you just look at Cramer 2007. Do you have that handy? MS. PARFITT: Cramer 2007. Do you have	2 3 4 5	BY MR. KLATT: Q Well A That was my interpretation of of this.
2 3 4 5 6	A Yes. Q I think this I can short-circuit this. If you just look at Cramer 2007. Do you have that handy? MS. PARFITT: Cramer 2007. Do you have it? I don't, Michael.	2 3 4 5 6	BY MR. KLATT: Q Well A That was my interpretation of of this. Q Well, look at the very first page of this article, Cramer. You see at the very top under where the authors are listed?
2 3 4 5 6 7	A Yes. Q I think this I can short-circuit this. If you just look at Cramer 2007. Do you have that handy? MS. PARFITT: Cramer 2007. Do you have it? I don't, Michael. THE WITNESS: It would be in my office. MR. KLATT: Could we go off for a second	2 3 4 5 6 7	BY MR. KLATT: Q Well A That was my interpretation of of this. Q Well, look at the very first page of this article, Cramer. You see at the very top under where the authors are listed? A Yes, I do.
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	Page 346		Page 348
1	Venter that you cited and Henderson, and what	1	proof. They haven't they didn't say there is
2	else?	2	no evidence. They said, There is no proof.
3	A Heller Heller?	3	BY MR. KLATT:
4	Q What was the third? Heller, yes. Thank	4	Q Do you understand my question,
5	you. 1995. And here is	5	Dr. Siemiatycki, was simply, did Dr. Cramer say
6	MS. PARFITT: No, excuse me. 1996, I	6	there was no proof? Correct?
7	believe.	7	MS. PARFITT: Objection.
8	BY MR. KLATT:	8	THE WITNESS: He said there was no
9	Q Excuse me, 1996.	9	proof.
10	And here in 2007, we have Dr. Cramer	10	MS. PARFITT: Asked and answered.
11	saying that there's no proof that externally	11	THE WITNESS: He didn't say there was no
12	applied talc reaches the ovaries, correct?	12	evidence.
13	MS. PARFITT: Objection. Misstates the	13	BY MR. KLATT:
14	science and the article and his testimony. Form.	14	Q Okay. Can you go back let's see,
15	BY MR. KLATT:	15	let's go back to your expert report on biologic
16	Q I'm just asking what the article what	16	plausibility.
17	Dr. Cramer and Dr. Godleski said in the Background	17	MS. PARFITT: Right here.
18	section to this article that you cite in 2007.	18	BY MR. KLATT:
19	MS. PARFITT: Objection. Form.	19	Q Oh, one other thing. When you were just
20	THE WITNESS: You want me to comment on	20	scanning Cramer 2007, I saw you were looking on
21	whether their background the Background section	21	the page where he discussed the Heller paper. Did
22	of this abstract contradicts the thesis that there	22	you see that?
23	was evidence of migration before 2007? Is that	23	MS. PARFITT: Just give him a moment to
24	correct?	24	get that again. I think it was 17.
25	BY MR. KLATT:	25	THE WITNESS: Sorry. No. 17?
	Page 347		Page 349
1		1	
	Q I'm my question is, you cited Venter	1	MS. PARFITT: Yeah.
2	Q I'm my question is, you cited Venter and Henderson and Heller for evidence of	1 2	MS. PARFITT: Yeah. THE WITNESS: You have very good eyes if
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	Page 350		Page 352
1	that seems like a plausible seems to me like a	1	THE VIDEOGRAPHER: This ends this
2	plausible alternative explanation.	2	ends the deposition of Jack Siemiatycki.
3	BY MR. KLATT:	3	We are going off the record at 9:28 p.m.
4	Q You go on and comment in the next	4	(Whereupon, the deposition
5	paragraph of your biologic plausibility on two	5	of JACK SIEMIATYCKI, Ph.D. was
6	trace heavy metals, chromium and nickel compounds,	6	concluded at 9:28 p.m.)
7	correct?	7	1 /
8	A So where are we oh, yeah. Yes.	8	
9	O You're aware that IARC has made	9	
10	determinations regarding chromium and nickel	10	
11	compounds, correct?	11	
12	A Yes, correct.	12	
13	Q And neither one of the determinations	13	
13 14	found they were linked to ovarian cancer at all,	14	
15	correct?	15	
15 16	A That's correct.	16	
16 17		17	
	Q They found they were related to nasal,	18	
18	sinus and lung cancers in people, primarily	19	
19	workers, who had breathed the fumes, correct?	20	
20	A That's correct.	21	
21	Q So that's no way analogous to any trace	22	
22	heavy metals in talc, correct?	23	
23	MS. PARFITT: Objection. Form.	24	
24	THE WITNESS: It's it's not directly	25	
25	relevant. It may be indirectly relevant. The		
	Page 351		Page 353
1	Page 351 evidence that allowed IARC to make determinations	1	Page 353 CERTIFICATE OF CERTIFIED SHORTHAND REPORTER
1 2	evidence that allowed IARC to make determinations	1 2	
			CERTIFICATE OF CERTIFIED SHORTHAND REPORTER
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	Page 354	Page 356
1	INSTRUCTIONS TO WITNESS	1 ACKNOWLEDGMENT OF DEPONENT
2	Please read your deposition over carefully and	2 I,, do hereby
3	make any necessary corrections. You should state	3 certify that I have read the foregoing pages, and
4	the reason in the appropriate space on the errata	4 that the same is a correct transcription of the
5	sheet for any corrections that are made.	5 answers given by me to the questions therein
6	After doing so, please sign the errata sheet	6 propounded, except for the corrections or changes
7	and date it.	7 in form or substance, if any, noted in the
8	You are signing same subject to the changes	8 attached Errata Sheet.
9	you have noted on the errata sheet, which will be	9
10	attached to your deposition. It is imperative	10
11	that you return the original errata sheet to the	11 JACK SIEMIATYCKI, Ph.D. DATE
12	deposing attorney within thirty (30) days of	12
13	receipt of the deposition transcript by you. If	13
14	you fail to do so, the deposition transcript may	14 Subscribed and sworn to
15	be deemed to be accurate and may be used in court.	15 before me this
16		16day of,20
17		17 My commission expires:
18		18
19		19 Notary Public
20		20
21		21 22
22 23		23
23 24		24
25		25
	Page 355	
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